Administration for Children and Families

Administration on Children, Youth and Families

Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service (CPS) Delivery
HHS-2011-ACF-ACYF-CO-0169
Application Due Date: 07/25/2011

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Department of Health & Human Services
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Executive Summary:	

The purpose of this Funding Opportunity Announcement (FOA) is to solicit proposals for projects that will:

1. Support public child welfare systems in their efforts to provide effective mental and behavioral health services for children and families and to further develop trauma-informed systems that promote safety, permanency, and well-being;
2. Assist child welfare systems to target and divert existing resources to the implementation and/or expansion of effective clinical, trauma-focused treatments;
3. Support the implementation of trauma-focused treatment models with high fidelity in child welfare systems;
4. Identify factors and strategies associated with successful installation and implementation of trauma treatments in child welfare systems;
5. Improve the social and emotional well-being of targeted children in child welfare systems who experience trauma and are exhibiting trauma symptoms;
6. Evaluate the effect of trauma-focused treatments on safety, permanency, well-being and adoption outcomes; and
7. Complement ongoing Federal efforts to improve the standard of care for children who have experienced trauma, including the work of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Child Traumatic Stress Initiative.

Projects funded under this FOA will:

1. Replicate and scale up trauma-focused treatments to reduce traumatic stress reactions for one or more targeted groups of children in contact with the child welfare systems;
2. Take the steps necessary for the child welfare system to become more trauma-informed and receptive to the introduction or expansion of trauma-focused treatments; and
3. Put into place those supports necessary to successfully implement and sustain the treatment models.

Grant funds may be used for the process of service transformation efforts to improve mental and behavioral health services and further develop trauma-informed child welfare systems. Activities may include, but are not limited to training, installation, implementation, and evaluation. Successful applicants will design a plan to sustain service transformations within their child welfare service delivery systems.

I. Funding Opportunity Description

Statutory Authority

The legislative authority is the Adoption Opportunities Program, section 203 (42 USC 5113) of the Child Abuse Prevention and Treatment and Adoption Reform Act of 1978, (Public Law (P.L.) 95-266), as amended by the Keeping Children and Families Safe Act of 2003 (P.L. 108-36).

Description

Background

Administration on Children, Youth and Families' Focus on Improving Well-Being

The Administration on Children, Youth and Families will be focusing in the coming years on defining and improving the overall well-being of children and families served by the child welfare system. Well-being can be conceptualized as improvements in social and emotional functioning that allow children to be successful during childhood and into adulthood, and ensuring families have the ability to create secure and responsive environments. Core components of well-being include having:

- Healthy Development (being on target developmentally and getting back on target when needed);
- Protective Mechanisms (self-regulation, coping, self-esteem, self-efficacy)
- Resiliency (healing, recovery, elasticity);
- Relational Competency (positive connections and attachments with peers and adults); and
- Protective Factors (parental resilience, knowledge of parenting and child development, social connections, concrete support in times of need, child's social and emotional development).

These components are foundational to ensuring that children are successful at home, in school, at work, and in the community now and as adults. It is important, however, that the core components of well-being be understood in the context of children who experience multiple adverse and traumatic life experiences, because what is currently known about healthy development, protective mechanisms, relational competency and resiliency may not fully address the needs of this population of children. The work contemplated in this FOA is designed to not only ameliorate trauma symptoms through the use of effective behavioral health and mental health services and supports, but to also improve overall well-being in this particular context so that safety and permanency can be achieved.

The critical problem/issue

Children that come to the attention of child welfare systems have often been exposed to multiple or recurring traumatic events and experience higher rates of behavioral health and/or mental health problems than children in the general population. Not only are these children reported to have been victims of maltreatment, many have also witnessed or experienced other forms of violence, loss, or tragedy in their homes and communities. Children in foster care often face the additional stress of being removed from their homes and displaced from their families, schools, and communities[1].

Despite efforts to protect children and ensure their safety, contact with the child welfare system can, in itself, sometimes precipitate reactions of fear, anxiety, powerlessness, and self-blame. When a system does not recognize the signs of child trauma, protect against further trauma, and leverage its resources to respond with appropriate care, the result can have long-term consequences. Unaddressed, childhood trauma can lead to long-term developmental, physical, and emotional issues, including traumatic stress reactions which can persist into adulthood. Post-permanency, children with traumatic experiences of abuse, neglect and abandonment, and challenging emotional and behavioral responses are at high risk of presenting with associated trauma symptoms. Integrating trauma-informed and trauma-focused mental health services and enhancing those competencies across the continuum of child welfare practice, from prevention and foster care, to post-permanency and post-adoption, is a critical factor in promoting positive outcomes for children and families.

Federal monitoring reviews of child welfare systems across the nation have found that systems often struggle to provide accessible and effective mental and behavioral health services. The challenges are linked: providing comprehensive family assessments over the life of a case, matching identified needs with appropriate services, and ensuring access to appropriate services. To successfully meet the therapeutic needs of children, youth, and families experiencing trauma symptoms, child welfare systems must adopt and fully implement the most effective treatments, while ensuring that these interventions are an appropriate fit for the characteristics and needs of the groups targeted for services and that the treatments are feasible based on the capacity, resources, and conditions of the systems in which the models will be delivered.

Trauma/traumatic stress

Trauma in a child's life can come from many sources, such as emotional, physical, and sexual abuse; neglect; substance abuse and domestic violence; abandonment and separation; loss of a loved one; natural disasters, and bullying. The effects of trauma can manifest in many ways long after the traumatic incident or situation ends (e.g., loss of focus, withdrawal, aggressive and/or risky behaviors, substance misuse, poor educational and employment experiences).

Child traumatic stress occurs when children and youth are exposed to events which overwhelm their ability to cope with a situation. These events may have directly involved the child, or may have been witnessed by the child. Often, children exposed to such events are left with feelings of fear, helplessness, and guilt. There is a loss of control and unpredictability in experiencing traumatic events. Traumatic stress refers to the physical and emotional responses to events that threaten the life, physical safety, and/or psychological integrity of the child or someone important to the child. [2] These children may also suffer from emotional, physical, and behavioral reactions, such as withdrawal, nightmares, aggression, and impulse control. The effects of trauma can also manifest in various ways (e.g., reminders and triggers which manifest further traumatic stress reactions, loss of focus, societal withdrawal and depression, increasingly aggressive and/or risky behaviors, substance misuse, poor educational and employment experiences, and even development of psychiatric conditions, such as post traumatic stress disorder) [3] long after the traumatic event or situation ends, if not appropriately addressed. However, while children are likely to be affected by exposure to trauma, not all children react in the same way. A child's developmental maturity, coping skills, and adaptive mechanisms all play a role in how the child will respond. In addition, the family is known to play a vital role in determining the eventual impact of the traumatic experience on the child, and parental support is often determined to be a key mediating factor in how children experience and adapt to the circumstance. [4]

According to the National Child Traumatic Stress Network (CTSN), childhood traumatic experiences generally fall into one of two categories. The first is an acute traumatic event which occurs at a particular time and place, and is usually short-lived, such as the sudden or violent loss of a loved one, or physical or sexual assault. The second is chronic traumatic situations, where exposure to trauma occurs repeatedly over long periods of time, such as in many cases of physical or sexual abuse, domestic violence, or neglect and emotional abuse.

There are groups that are at particular risk for high rates of exposure to traumatic events. They need specific prevention and treatment efforts in order to reduce trauma's negative impact[1] These groups include: children who experience abuse or neglect, are in out-of-home placement, have been exposed to domestic violence, or are exposed to violence in their schools and communities.

Unfortunately, some adults do not understand that children can be affected by trauma and/or may believe that children will just forget about a traumatic event. This leads to children's symptoms being frequently overlooked or dismissed and many children never receiving treatment. Because some trauma symptoms are "less obvious," they are easy to miss or misinterpret. For example, a withdrawn child with the blank facial expression may not be as noticed, while the child who wakes up screaming in the middle of the night will be. [5] More than 20 years of studies have confirmed that school-age children and adolescents

can experience the full range of post traumatic stress reactions that are seen in adults. Recent studies show that traumatic experiences affect the brains, minds, and behavior of even very young children, causing similar types of reactions to those seen in older children and adults. [6]

Children in the child welfare system

Children (including very young, school-age and adolescents) that come to the attention of child welfare agencies are likely to have been exposed to one or more types of traumatic events and in one or more instances. From the issue(s) that precipitated contact with the child welfare agency to the various forms of agency involvement with the family, these children often feel that they have somehow contributed to or are responsible for the family's situation. Unfortunately, child abuse and neglect are some of the most common sources of child trauma. In addition, when children are removed from their homes, separation from their families increases the risk of traumatic stress.

The traumatic experience of child abuse, neglect, and separation, especially when magnified by socioeconomic factors such as poverty, can lead to a host of behavioral health and/or mental health issues for children and adolescents and an increased susceptibility to psychiatric, social, and behavioral problems. For children with prior trauma, victimization, or other environmental stressors, problems can often be exaggerated, making intervening with these children more challenging. Children who have been removed from their homes due to abuse and neglect and placed in out-of-home care have a heightened risk for mental health problems, especially trauma-induced stress.

The following 2009 Adoption and Foster Care Analysis and Reporting System (AFCARS) data provide information regarding children served by the foster care system:

- There were 424,000 children in care;
- An estimated 255,000 children entered care during the year;
- An estimated 700,000 children were served by the public foster care system;
- One-third of all victims were younger than 4 years of age and one-fifth of victims were in the 4-7 year age group;
- Victimization was split between the sexes, with boys accounting for 48 percent and girls accounting for 51 percent;
- Four-fifths (78 percent) of victims were neglected, 18 percent were physically abused, 10 percent were sexually abused, 8 percent were psychologically maltreated, and 2 percent were medically neglected (these percentages sum to more than 100 percent because a child may have suffered more than one type of maltreatment);
- Average length of stay for children in foster care was reported at 27 months; and
- The case goals for these children were largely reunification with parent or other principal caretaker (49 percent) and adoption (25 percent). [7]

Results of studies profiling the health status of children in foster care demonstrate that they have significantly higher rates of acute and chronic medical problems, developmental delays, educational disorders, and behavioral health problems than other children of similar backgrounds. [8] Child victims of maltreatment, whether they stay in the home or enter foster care, have disproportionately high rates of emotional and behavioral problems. And, while the majority of children who come into contact with child welfare systems remain in their homes, these children are less likely than those in foster care to receive individualized mental health services [9]. Various studies have found that 80 percent of children in foster care have at least one chronic medical condition, 25 percent have three or more chronic problems, and an estimated 30 to 70 percent of children in foster care have severe emotional problems. The trauma of separation from their families and the frequent experience of multiple placements within the foster care system often compound these conditions.

Trauma-focused interventions

Over the last several years, there has been sustained growth in the focus on identifying and using evidence-based, evidence-informed, and promising programs and practices for a variety of disciplines such

as health, mental health, substance abuse, education, juvenile justice, and child welfare programs. Although there is a range of evidence-based and evidence-informed trauma-focused intervention models, the typical treatment model takes the following into consideration:

- Whether and how specific interventions include desired intervention components;
- How, if included, these components are carried out (e.g., specific skills-acquisition activities, homework, role-play, games); and
- How well these components "fit" with the specific needs and preferences of the population the agency serves. [10]

Clinical treatment approaches and "trauma-informed" service approaches designed to reduce the impact of exposure to potentially traumatic events on children and adolescents include:

- Psycho-educational programs on the impact of trauma;
- Outreach/screening of children/adolescents for trauma exposure;
- Referral/triaging of identified trauma-exposed children to the appropriate intensity of behavioral and clinical services;
- Acute interventions during or in the immediate aftermath of traumatic events;
- Supportive services in the aftermath of a traumatic event;
- Training service providers to improve their response to child/adolescent trauma victims;
- Training service providers to reduce the potential for traumatic stress in their delivery of services; and
- Service systems changes to improve the delivery of trauma treatment and services.

Trauma-informed child welfare systems

The psychological trauma experienced by children that come into contact with child welfare systems presents a serious barrier to their safety, permanency, and well-being. While child welfare agencies are charged with intervening to protect children, stabilize families, and address behaviors and conditions associated with the risk of future maltreatment, these agencies are also confronted with the challenge of identifying the emotional and mental health needs of children and appropriately responding based on an understanding of their unique and often complex trauma histories [15]. Child welfare systems that choose to pursue comprehensive and systematic approaches to addressing child trauma are more likely to increase children's sense of safety and provide them with effective care.

While access to effective clinical trauma-focused treatment is crucial for many children experiencing stress reactions in response to their abuse, neglect, and other acute and chronic traumatic events, child welfare systems must also become sufficiently *trauma-informed* to successfully serve them. Child welfare workers, for example, must become knowledgeable about trauma, aware of their potential to exacerbate or moderate stress reactions, and capable of effectively screening and referring children to appropriate treatment and services. Increasing the awareness and competence of child welfare workers, supervisors, managers, administrators, and community partners about trauma and its effects should happen in concert with efforts to train clinicians and practitioners in trauma-focused treatment models [16]. Without trauma-informed child welfare practice, children may be less likely to receive appropriate assessment and treatment services and their symptoms may be misunderstood or go unrecognized.

Partnership and coordination across agencies and systems can also be vital in a trauma-informed approach to providing services and care. Accessibility to appropriate referral to trauma treatment and services for children in child welfare may rely on collaboration with primary health care providers, mental health agencies, community-based service providers, and schools, as well as partnerships with the courts, law enforcement, and juvenile justice. Child welfare and other systems are most likely to be effective when striving individually and jointly to become trauma-informed and deliver trauma-focused mental health treatment [17].

According to the National Child Traumatic Stress Network (NCTSN) *Child Welfare Trauma Training Toolkit,* the following are essential elements of trauma-informed child welfare practice [18]:

- Maximizing the child's sense of safety;
- Assisting children in reducing overwhelming emotion;
- Helping children make new meaning of their trauma history and current experiences;
- Addressing the impact of trauma and subsequent changes in the child's behavior, development, and relationships;
- Coordinating services with other agencies;
- Utilizing comprehensive assessment of the child's trauma experiences and their impact on development and behavior to guide services;
- Supporting and promoting positive and stable relationships in the life of the child;
- Providing support and guidance to the child's family and caregivers; and
- Managing professional and personal stress.

The toolkit can be found in its entirety at:
http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008#q1.

Federal initiatives and other trauma resources The National Child Traumatic Stress Network (NCTSN) was established in 2000 and is sponsored by SAMHSA. This network presents a collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. The NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.[20] When developing trauma-informed child welfare systems, NCTSN has found that:

1. It is important to form partnerships between knowledgeable trauma programs and child welfare agencies. In their experience, subcontracting to child trauma programs or individual experts to provide training to staff or to provide treatment to kids referred for trauma treatment has not made a significant difference in using a trauma perspective to modify how the system operates and is unlikely to be sustained. Successful partnerships have involved consultation on the impact of trauma on all aspects of the systems procedures, training of staff at all levels of the system on the characteristics and effects of trauma on the services population, and commitment of staff at all levels of the system, including supervisors and administrators, that they will receive training in trauma characteristics and effects and support implementation of trauma-informed practices throughout the system.
2. Screening and assessment of trauma histories and significant trauma effects have been key components of successful trauma interventions in systems that serve large numbers of traumatized children and adolescent because this information has inevitably required a response from the system about what changes to make to adequately address the significant prevalence of trauma issues raised by such screening and assessment. NCTSN has found that even this entry level to trauma services has required involvement of considerable trauma expertise to reduce the possibility of re-traumatizing children through the screening or assessment process or of failing to develop complete pictures of trauma histories and reactions in children due to their shame or avoidance in disclosing their traumatic experiences.
3. It has been important to assess outcomes of trauma services with the specific child welfare population, particularly through follow-up of children who receive trauma services. When assessing the effectiveness of trauma treatment and services they included outcomes important to the child welfare system, such as placement stability, foster parent competence and willingness to foster severely traumatized children, and more frequent or faster family reunification, in addition to improvement in mental health outcomes for traumatized children and adolescents.

There are a number of other research-based initiatives focusing on the causes, effects, and treatment of child and family traumatic stress. These may inform applicants as they make decisions about program designs. Several are:

- Children Exposed to Violence Initiative (CEVI) - sponsored by the Department of Justice, this initiative challenges organizations that work with these children to come together to break the cycle of violence and includes legislative change, public awareness, program development, and Training and Technical Assistance (T/TA). [19]
- Defending Childhood Initiative - an initiative of Attorney General Eric Holder that strives to harness resources from across the Department of Justice to: prevent children's exposure to violence, mitigate the negative impact of children's exposure to violence when it does occur, and develop knowledge and spread awareness about children's exposure to violence.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) - sponsored by SAMHSA, SBIRT is a comprehensive approach to the delivery of early intervention and treatment services for persons at-risk or suffering from substance use disorders.
- Family Violence Prevention and Services (FVPS) Program - sponsored by the Family and Youth Services Bureau (FYSB) and awards grants to State agencies, Territories, and Indian Tribes for the provision of shelter to victims of family violence and their dependents, and for related services, such as emergency transportation and child care. These funds supplement many already established community-based family violence prevention and services activities.

The NCTSN System Integration Working Group conducted a survey [21] designed to gain an understanding of how the various service providers communicate concerning trauma and how they promote healing for a child following a traumatic event. The focus was to assess the ways the agencies gathered, assessed, and shared trauma-related information, and the basic training about child trauma their staff received.

Tips for Preparing a Competitive Application

It is essential that applicants read the entire announcement package carefully before preparing an application and include all of the required application forms and attachments. The application must reflect a thorough understanding of and support the purpose and objectives of the applicable legislation. Reviewers expect applicants to understand the goals of the legislation and CB's interest in each topic and to address and follow all of the evaluation criteria in ways that demonstrate this understanding. Applications that do not clearly address the evaluation criteria or program requirements generally receive very low scores and are rarely funded.

CB's website (http://www.acf.hhs.gov/programs/cb) provides a wide range of information and links to other relevant websites. Before preparing an application, applicants can learn more about CB's mission and programs by exploring the website.

Project Requirements

Over the past several years, there has been a growing interest in implementing evidence-based and evidence-informed programs and practices within health and human service systems, but limited resources have constrained the ability to develop knowledge about how such programs can fit within these systems. Given the challenges and complexities facing efforts to incorporate evidence-based and evidence-informed practices within real-world settings, research regarding the implementation of evidence-based and evidence-informed programs can provide a wealth of information about the factors that affect implementation.

This initiative provides an opportunity for child welfare systems to introduce one or more evidence-based or evidence-informed trauma-focused treatments into their service arrays, replacing existing counseling and mental health services with trauma-focused treatment and approaches that have demonstrated effectiveness in other settings for targeted children exhibiting trauma-related symptoms. These projects will address the field's increased emphasis on identifying evidence-based and evidence-informed programs and practices, by developing knowledge on mechanisms and support needed for the successful dissemination of research-based programs, and their adoption and implementation in direct practice. By maintaining a high level of fidelity to the treatment model(s), it is expected that the social and emotional

well-being and functioning of children and families referred to treatment will improve. Evaluations of these projects will be expected to yield information about the acceptability, installation, and implementation of trauma treatments in child welfare. Finally, these projects will contribute to the knowledge base regarding best practices in the adoption, implementation, integration, and sustaining of evidence-based trauma treatment programs and practices.

Grant funds may be used for the process of service transformation efforts to improve mental and behavioral health services and further develop trauma-informed child welfare systems. Activities may include, but are not limited to training, installation, implementation, and evaluation. During this process, each grantee will identify and transition some of its existing mental health service array and resources to implement and sustain or expand more effective treatments. Successful applicants will design a plan to sustain service transformations within their child welfare service delivery systems.

Successful applicants will have an opportunity to further assess the fit of the chosen treatment models after award during the planning year, but selection for funding will be contingent upon:

- Clear presentation of analysis of local data describing the needs of the child welfare population and their families;
- Strong rationale and sound justification for the proposed behavioral health and mental health services;
- Identification of the process for evaluating and selecting the chosen treatments for the selected target populations, including the process for determining whether treatments are evidence-based or evidence-informed;
- Convincing linkages between the interventions selected and needs of the target population;
- Clear analysis of the degree to which the current system (child welfare and public and/or private agencies) is trauma-informed, including the capacity to assess mental health needs, behavioral health needs, trauma needs, or some combination thereof;
- Proposed plan for establishing or enhancing a trauma-informed system, including how accessible, appropriate mental health, behavioral health, and trauma-related services will be ensured for the target population and their families;
- Description of roles and evidence of commitment from partner agencies and organizations participating in the trauma-informed system of care;
- Description of installation and implementation strategies for servicing selected populations;
- Description of plan to increase worker's ability to assess, triage, and refer children for assessment and appropriate treatment and/or trauma-informed services;
- Description of plan to enhance system-wide education on childhood trauma and selected treatments;
- Presentation of a rigorous evaluation plan that will contribute to developing the knowledge base about successful strategies for adopting, installing, implementing, and sustaining trauma-focused treatments in child welfare and will measure the effect of these treatments on safety, permanency, well-being and adoption outcomes; ; and
- Evidence that the proposed project will increase the well-being of and reduce trauma symptoms among children targeted for the treatment(s).

The remainder of this section defines project requirements in these areas:

- Target population
- Intervention
- Planning and implementation phases
- Collaboration
- Evaluation
- Dissemination
- Children's Bureau (CB) discretionary grants
- Non-public child welfare organization applicants
- Implementation projects

- Additional project requirements

Target population

Applicants should define, describe, and justify their proposed target population(s) by presenting an analysis of local data. Examples of characteristics of appropriate target populations under this FOA include, but are not limited to:

- Children and youth previously or currently exposed to complex trauma, including sexual abuse, physical abuse, neglect, domestic and community violence, and who typically present symptoms such as depression, shame, bereavement/traumatic grief, sexualized behaviors, and multiple functional impairments. [22]
- Children and youth who have experienced events such as witnessing or being a victim of violence, being in a natural or man-made disaster, being in an accident or house fire, or being physically abused/injured, and who are suffering from post traumatic stress (PTS) symptoms.[23]
- Traumatized children and youth, including those who are still living with or experiencing ongoing chaos and extreme stress -- including those who have experienced chronic trauma and have developed problems functioning in the following areas: affect regulation and impulsivity; dissociation; self-perception; relations with others; somatization (conversion of anxiety to physical symptoms); and systems of meaning (having a purpose and a hopeful future). [24]

Applicants must justify their treatment choices based on the characteristics, symptoms, and trauma experiences of the children targeted for services and the appropriateness of the intervention for the developmental stage(s) of the target population. Applicants may choose to narrow the scope of their efforts by focusing on specific types of cases (e.g., in-home, foster care, adoptions, youth in transition, etc.) and/or geographic service areas. Grantees will be responsible for collecting and reporting detailed information about their screening and referral protocols and treatment models, as well as data about the adoption, fidelity, and effectiveness of the processes and treatments. Proposals must include descriptions of:

- Strategies used to identify children in contact with the child welfare system that are experiencing traumatic stress symptoms; and
- The plan for further refining the characteristics of the target population and determining appropriate treatment choices during the planning year.

Intervention

To improve the social and emotional well-being of targeted children in child welfare systems who have experienced trauma, successful applicants will engage in a process of transforming the current way in which they provide services to these children. Grantees will use funds under this announcement to replicate and scale up selected research-informed, trauma-focused treatments that will reduce traumatic stress reactions for one or more targeted groups of children in contact with the child welfare systems. During this process, each grantee will identify and transition some of its existing mental health service array and resources to implement and sustain or expand more effective treatments.

In preparation to respond to this announcement, child welfare agencies are expected to examine the various clinical treatments being used to intervene with children suffering from traumatic stress symptoms. Applicants must closely study available evidence about the effectiveness and appropriateness of each treatment for the children that will be targeted. To assist applicants in the review and selection process, resources to identify effective and promising Evidence Based Practices (EBPs) and Evidence Informed Practices (EIPs) can be found through:

- SAMHSA's National Registry of Evidence-Based Programs and Practices
  http://www.nrepp.samhsa.gov/
- California Evidence-Based Clearinghouse for Child Welfare
  http://www.cebc4cw.org/search/topical-area/7

- *Evidence-based Practices for Children Exposed to Violence: a Selection from Federal Databases* http://safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf
- National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices http://www.nctsnet.org/resources/topics/treatments-that-work/promising-practices
- Evidence-Based Mental Health Therapies (Child Welfare Information Gateway) http://www.childwelfare.gov/systemwide/mentalhealth/effectiveness/evidence.cfm

The long-term sustainability of providing selected trauma-focused treatments to the identified target populations requires that an assessment of the system's capacity and readiness be conducted in tandem with the treatment selection process. Systemic capacity refers not just to the child welfare agency's internal preparedness and resources, but may also include the readiness and ability of the agency to partner successfully with law enforcement, courts, schools, health care providers, mental health providers, and caregivers. Creating a trauma-informed system includes building upon the different ways in which all of these providers may approach their work with families, with the common goal of ensuring that children have access to appropriate, timely, and quality trauma-focused services.

Applicants should provide an assessment of their current systems, answering the questions listed under Approach in *Section IV. Project Description.*

Grantees will ensure that their system is "hospitable" for their trauma-focused treatment delivery, and they will identify necessary trauma-informed policies, practices, and services that will take trauma into consideration, reduce future exposure, build resilience, and protect against the potential for the child welfare system to exacerbate stress symptoms.

By addressing child welfare systems efforts to provide effective mental and behavioral health services for children and by simultaneously developing trauma-informed/trauma-focused systems, improvements in the social and emotional well-being of targeted children in child welfare systems who experience trauma are expected.

In order to better ensure that children have access to effective trauma services, capacity building efforts should focus on:

1. Increasing knowledge about trauma within systems;
2. Increasing skills for identifying and triaging traumatized children; and
3. Promoting strong collaborations across systems and disciplines. [25]

Specific Tasks to be Performed by Grantees during the Planning and Implementation Phases

In its application, an applicant must clearly and concisely describe its plans for completing an initial assessment and planning phase (Phase I) and describe its preliminary plans and rationale for the installation and implementation of trauma-focused treatments (Phase II).

Successful applicants will review and revise their Phase I plan in consultation with CB and resubmit the plan for approval within 90 days after the date of award. Similarly, new grantees will also review, revise, and resubmit plans described in their original applications for Phase II. Grantees' assessment and planning activities in Phase I will inform their decision-making about the populations targeted, treatments that will be adopted, and the strategies and activities that will be necessary to successfully install and implement the chosen treatment models with fidelity in Phase II.

Successful applicants may be at different stages of readiness for implementation and have different levels of familiarity with efforts to establish trauma-informed service systems. While some grantees may be attempting to further spread the availability of trauma-focused treatments that have already been implemented in a pilot region, others may be initiating campaigns to make trauma-focused treatments accessible to its target population for the first time. Each grantee will be given the flexibility to proceed with assessment, planning, installation and implementation activities at a pace that is appropriate based on its needs, objectives, and readiness. All grantees, however, are required to resubmit their Phase II plans for final approval to CB no later than 10 months after the date of award.

Phase I and Phase II plans must be approved by CB before the proposed activities described under either plan can move forward.

Phase I: Assessment & Planning Phase (Year 1)

Successful applicants will begin their 5-year cooperative agreements by engaging in intensive assessment and planning activities prior to implementing trauma-focused treatments. The purpose of this period is to:

- Establish collaborative partnerships necessary to guide and support successful implementation;
- Ensure the appropriateness of the selected trauma-focused treatments for targeted children and their families;
- Ensure the fit of the trauma-focused treatments for the existing service system and service array into which they will be introduced;
- Identify the existing mental and behavioral services that will be replaced with trauma-focused treatments and/or the funding streams that will be used to sustain treatment delivery during and after completion of the project;
- Assess the capacity and readiness of the child welfare system and its partnering agencies for the implementation of trauma-focused treatments; and
- Develop and finalize sound plans for Phase II, including plans to: 1) prepare the child welfare system for implementation; 2) successfully adopt and scale up selected trauma-focused treatments; 3) rigorously evaluate the processes and outcomes of installation and implementation; 4) sustain the delivery of the trauma treatments using resources from available funding streams; and 5) disseminate lessons and findings to the field over the course of the project.

Within 10 months after the date of award, grantees must submit final Phase II plans developed during the assessment and planning phase for approval by CB.

In order to successfully introduce trauma-focused treatments into the existing service array, grantees must effectively collaborate with key partners and stakeholders (e.g., law enforcement, courts, schools, mental health providers, families, and foster parents). Grantees are expected to identify and actively engage those professionals who will be trained in the trauma treatments and are expected to provide them with a high level of fidelity. Grantees must also secure commitments, through agreements such as Memoranda of Understanding (MOU), from any agencies and organizations with whom they must partner to fund and deliver the new services. Partners and stakeholders that are critical to the success of the implementation, , will be engaged during this first phase of the project. .

During Phase I, the grantee will further examine the appropriateness of the selected trauma treatments for the children targeted for services. Based on the literature and a thorough review of its own data, the grantee will justify their proposed target population based on the characteristics and trauma experiences of the targeted children. The grantee will also consider the capacity of the child welfare system to appropriately and effectively identify, refer, assess, and serve them. The grantee will revisit the available research and evaluation evidence and consult with experts, including treatment developers, to strengthen its justification for selecting the particular treatment models for the targeted children.

In addition to ensuring the appropriateness of the trauma treatments to their target populations, grantees must also investigate their fit with the service delivery systems into which they will be introduced. Each grantee will assess the capacity of its system to convert existing services to trauma-focused treatments and sustain their delivery. Each grantee will conduct a comprehensive inventory of the current mental and behavioral health services available to the target population, and of existing and potential funding streams that may be used to support the delivery and sustainability of the trauma treatments adopted. Any previous or continuing efforts to implement trauma-informed services, their degrees of success, and the lessons learned must be included in the assessment.

Each grantee will also assess the readiness of the child welfare system to adopt and integrate each trauma-focused treatment that has been selected. In order for trauma treatments to be fully integrated and

institutionalized into a child welfare system's service array, the system must be a hospitable environment [26] that is likely to be receptive to the new practices.

To create favorable conditions and put into place institutional supports that will aid implementation, grantees must first assess several aspects of their systems. During the assessment and planning phase, each grantee will be required to perform an assessment which includes:

1. An in-depth trauma-informed self-assessment to determine the degree to which the agency leadership, staff, and collaborative partners understand the impact of trauma on children in child welfare and recognize the child welfare system's own ability to mitigate or exacerbate childhood traumatic stress reactions.
2. An in-depth assessment of the system's readiness for implementing trauma-focused treatments. This assessment may include, but is not limited to, an examination of key organizational and systemic factors that could facilitate or impede implementation efforts, such as agency climate and culture; workforce qualifications, characteristics, and trends; data system use and capacity; training accessibility and infrastructure; funding streams and mechanisms; policies and procedures; quality assurance practices; administrative protocols and processes; performance management systems; stakeholder buy-in; collaborative partnerships (e.g., with mental health agencies, courts, etc); and the involvement of leadership.

Based on these assessments, grantees will further develop and revise their Phase II plans. The installation and implementation plan will include a detailed set of activities and milestones that the grantee will complete over the course of the project.

Grantees will collect data as part of its evaluation activities throughout Phase I, capturing the assessment and planning process, completion of key activities, and the evolving logic of their projects. Grantees will also be assessing how best to answer key evaluation questions, identifying data sources and instruments, collaborating with other grantees, choosing methods and indicators, and seeking necessary Institutional Review Board (IRB) approvals. (See Evaluation section.) During Phase I, grantees will submit a finalized evaluation plan for CB review and approval.

Phase 2: Implementation Phase (Years 2-5)

Upon completing the Assessment & Planning Phase, each grantee will have developed a comprehensive implementation plan to prepare its child welfare system for the introduction of one or more trauma-focused treatments and to strategically guide the system through a deliberate process of adoption, installation, implementation, and institutionalization during the 4-year implementation phase. Based on its in-depth assessments and consultation with collaborative partners, including intervention developers, the Phase II implementation plan will clearly articulate the grantee's rationale and provide a roadmap to follow as the grantee transitions resources from a portion of its current mental and behavioral health services to trauma treatments, conducts a rigorous evaluation, and disseminates the project's findings to the field. The implementation plan will serve as a work plan with key activities and milestones.

In years 2 through 5, the grantee will complete each component of its Phase II, which must include, at a minimum, the following:

- The administrative structure for the project, including the lead agency, the roles of key partners, and the proposed contents of formal agreements across agencies and service providers.
- A detailed description of the children (and families) targeted for trauma-focused treatment(s) and sound rationale for their selection, including detailed information about the characteristics of the children, their experiences of trauma, and the number of children to whom treatment will be provided.
- The trauma-focused treatments that will be adopted and implemented, and evidence of their appropriateness for the target population.
- Arrangements for technical assistance, including collaboration with the original designer/developer of the trauma-focused treatment model(s) (or those approved/recognized by the developers to

provide these services) to support implementation, ensure fidelity to the model(s), and provide for quality supervision and coaching for practitioners and their supervisors. If appropriate, a formal agreement must be in place to ensure that the original program developer will be supporting the replication effort.

- The results of the comprehensive inventory of available mental and behavioral health services and potential funding streams, including the identification of the existing services to be converted, the targeted professionals to deliver trauma-focused treatments, and the funds to be used to sustain service delivery. In some cases, grantees may require plans for the recruitment and retention of clinicians and/or service providers that have the prerequisite capacity, skills, and/or necessary credentials to deliver high-quality, trauma-focused treatments to children and their families.

- The results of the in-depth, comprehensive readiness assessment and the corresponding *installation* activities that will be undertaken to prepare the system for implementation of the selected trauma-focused treatments, including:

  - Activities necessary to increase the system's receptivity to the new practices, such as changes in policy and procedures, data collection and use, hiring and contracting, training and supervision, quality assurance, communication and engagement of stakeholders, and involvement of leadership.
  - Activities necessary to make the grantee's practices more *trauma-informed*, including at a minimum, plans to ensure standards of trauma awareness and competence for frontline child welfare staff and supervisors, and plans for systematic screening and referral processes to identify children who should be referred for further clinical assessment and trauma-focused treatment.

- Plans for establishing or expanding quality assurance systems to monitor the ongoing quality of trauma treatment delivery and fidelity to the model. Plans may also support the development or enhancements of management information systems that can be used for quality assurance and oversight of programs.

- Detailed implementation strategies, timelines, and milestones for roll-out of the trauma-focused treatments into routine service delivery, including plans for staging the transition from current practice across providers, offices, or geographic areas, as applicable; methods for building practitioner competence in the models; and quality assurance.

- Plans for information dissemination, including fostering and strengthening communication and coordination activities with other Federal grantees and with CB's T/TA Network, including CB's National Resource Centers, Implementation Centers, the National Data Archive on Child Abuse and Neglect, and Child Welfare Information Gateway.

Collaboration

Grantees will partner closely with SAMHSA-supported members of theNCTSN, collaborating in particular with current and former NCTSN members that focus on clinical treatments and trauma-informed interventions intended to improve the standard of care for children and families served by child welfare systems. This CB trauma treatment grant cohort has been designed to complement efforts that have been underway in the NCTSN for the past decade, to improve treatment and services for children and adolescents in the United States who have experienced traumatic events (http://nctsn.org/). Grantees will operate as a special CB-supported category of NCTSN-affiliated members that will benefit from the expertise of the NCTSN and contribute to its efforts to improve treatment in child welfare.

Grantees are to actively collaborate with CB and other partners to achieve the purposes of this FOA . Applicants must identify those agencies and organizations with whom partnerships are critical to successfully deliver high-quality trauma-focused treatments in their child welfare systems. In many cases, strong partnerships with the public mental and behavioral health department and/or community mental health agencies and providers will be necessary, but private service providers under contract with the child welfare agency, courts, schools, law enforcement, and/or community-based organizations may be equally

important to the success of the project. The partners involved may vary significantly, depending on the children targeted for treatment and types of treatment chosen. Applicants must secure MOUs or initial letters of commitment from the key partners identified in their proposals and include these letters in their application materials.

In addition to child welfare and mental health service system partners, grantees are expected to engage with those having expertise in the particular populations and types of trauma being targeted. Understanding the array of potential treatments available to address the symptoms and experiences of the children targeted by the project, the strength of evidence behind each treatment for this particular population, and the transportability of different models for delivery in child welfare systems will provide a solid foundation for grantee decision making. Consultation with experts in the field and/or collaborative partnerships with other systems, institutions, or community-based providers that have gone through a similar process or that are implementing the same treatment models can offer support and helpful mentoring, as well as opportunities to pursue complementary work and share lessons learned with each other and the field.

For example, during the course of these projects, grantees will have opportunities to consult and/or collaborate with other grant cohorts supported by CB or other Federal offices and agencies. Several Federal grant cohorts are charged with implementing evidence-based or evidence-informed programs and interventions, following a similar series of steps in the adoption, installation, and implementation of previously tested models. Trauma treatment grantees are to participate to the extent feasible in collaborative activities to increase and disseminate knowledge about the replication and implementation of evidence-based practices in child welfare and other human and social services.

Grantees will begin by building relationships with the other recipients of CBawards made under this FOA. Members of this grantee cohort will serve as peers to one another, working to establish common goals and objectives, problem solve and address mutual challenges, share tools and establish common outcome measures, discuss lessons learned, and coordinate the dissemination of information.

Evaluation

Grantees are required to rigorously evaluate their projects. CB encourages the use of participatory and utilization-focused evaluation approaches that will help guide project assessment, planning, and implementation throughout the grant. The grantee's evaluation is expected to provide regular, timely, and useful feedback to support successful implementation and treatment fidelity, as well as to contribute to the developing knowledge base about successful strategies for adopting, installing, implementing, and sustaining trauma-focused treatments in child welfare. Applicants are encouraged to refer to Strategies for Improving Fidelity in the National Evidence-Based Practices Project. Bond et al, Research on Social Work Practice 2009 (19), http://rsw.sagepub.com/content/19/5/569 .

Grantees will design and implement a mixed method evaluation plan that is guided by the logic model for the project and that focuses on the implementation process and on implementation outcomes[27], the intermediate results of deliberate efforts to put treatments into practice. Grantees will also participate fully in any cross-site evaluation efforts that relate to this fuFOA.

- CB is particularly interested in the:
- Factors and strategies associated with successful implementation;
- Organizational and system conditions necessary to support successful adoption and implementation of trauma-focused treatments;
- Appropriateness of fit between the selected treatments and the systems and settings into which they are introduced;
- Degrees to which treatment spread and fidelity are achieved and maintained over time;
- Sustainability of the new services; and
- Cost of implementation and on-going service delivery.

At the conclusion of the 5-year project, grantees will be expected to answer evaluation questions,

including, but not limited to, the following:

- What factors and strategies were associated with successful adoption, installation, and implementation of trauma-focused treatments in child welfare?
- What were the key facilitators and barriers during implementation?
- What implementation approaches/strategies were most successful?
- How did the staging and/or timing of particular installation and implementation activities (and their completion) effect adoption, fidelity, and spread of the new practice over the course of the project?
- How compatible were the selected treatments with the service system into which they were integrated?
- What activities were undertaken to prepare the system for implementation and increase its receptivity to the trauma-focused treatments?
- To what degree did the system's "readiness" for implementation of the treatments improve?
- To what degree did the system become more trauma-informed?
- What, if any, adaptations were made to the treatments?
- How successful was the system at delivering the intended services to the targeted children?
- How successful was the system at screening and referring the targeted children for appropriate assessment and treatment?
- To what degree did the targeted practitioners adopt and provide the treatment?
- To what degree was the trauma-focused treatment delivered with fidelity to the model?
- To what degree did the treatments spread with fidelity to their intended scale?
- To which core elements of the treatment model's structure, delivery, and/or content was fidelity measured?
- Is the current level of utilization and fidelity to the treatment models likely to be sustained beyond the project period?
- How successful was the system overall at transitioning resources and converting current services to the selected trauma treatments?
- How successful was the grantee in institutionalizing necessary changes in organizational policy and infrastructure (e.g., trauma-informed screening, training in EBP, clinician recruitment and retention strategies, embedded fidelity measures in quality assurance, etc.)?
- How successful was the grantee in establishing key collaborative partnerships?
- What are the costs associated with the implementation and maintenance of the chosen trauma-focused treatments?
- Does the grantee anticipate making any adaptations to the treatment model after the project period concludes?
- What effect did trauma-focused treatments have on safety, permanency, well-being and adoption outcomes?

In order to compare various implementation strategies and their potential connection with implementation outcomes, grantees may choose to test different implementation approaches with the same trauma-focused treatments, with different providers, or in different service areas. Grantees will collaborate with CB and SAMHSA grant projects to use the same/similar assessment tools, fidelity instruments, and implementation outcome, and cost measures whenever possible. Grantees will also use instruments, when appropriate and feasible, that allow outcomes to be compared with projects utilizing the same treatment models that have previously been implemented and evaluated.

Applications should include a logic model or conceptual framework that shows the linkages between the proposed planning and implementation activities and the outcomes that they hope to achieve. For assistance in developing a logic model, see http://toolkit.childwelfare.gov/toolkit/.

Given the scarce resources available for child welfare programs and the push to establish cost efficiency measures, programs funded under this FOA are expected to conduct a cost analysis that will provide policymakers with the information they need to make more thoughtful decisions about resource allocation

in their communities. Applicants are expected to include plans for conducting a cost analysis of the chosen treatment models. Factors that may be considered in this analysis may include, but are not limited to, hours of clinical treatment; rates of reimbursement; staff and/or clinical caseloads; supervisor to worker and/or clinician ratios; cost per child, family, or unit of service; transportation costs; staff and/or clinician training and consultation costs; installation and maintenance costs; fidelity and quality assurance costs; and the value of the benefits derived to the alternative treatment costs avoided.

While not the focus of their evaluation activities, grantees have an obligation to closely monitor the clinical outcomes of their treatment services. The mental health and emotional well-being of individual service recipients is paramount.   Grantees will be expected to collect information on the traumatic experiences and traumatic stress symptoms and other trauma-based effects from children and adolescents who receive child welfare services. This information could be collected through screening and follow-up assessment of all children seen for services or through assessment of cases at high risk for significant traumatic stress by means of a thorough trauma assessment, such as provided by the Core Data Set protocol developed by the National Child Traumatic Stress Network to assess trauma history and reactions. Trauma assessment should be used to identify children and adolescents who need treatment for significant traumatic stress reactions and should guide treatment planning, monitoring and to assess treatment outcome. A plan to assess the effectiveness of trauma treatment and services provided should be described including follow-up assessments of reduction of trauma symptoms in individual children and adolescents who receive trauma services. Grantees will be expected to develop a plan for educating clinicians on the clinical utility of the trauma assessment in clinical decision making and treatment planning through consultation with the National Center for Child Traumatic Stress or with other child trauma treatment experts. In addition to trauma screening and assessment data, grantees will also be expected to collect demographic and basic background information on all children receiving services.

Grantees will be expected to make project findings available, in forms that can readily be used by the CB T/TA Network in its work with State and tribal child welfare systems.
Grantees will regularly update their Federal project officer about ongoing evaluation activities and findings in required progress reporting and provide CB with a written report at the end of the project.

Grantees in collaboration with each other, their State and tribal partners, CB, and any applicable national evaluation contractor(s), may produce a comprehensive evaluation report at the conclusion of the project period and present findings to CB and other stakeholders.

If the applicant does not have the in-house capacity to conduct an objective, comprehensive evaluation of the project, the applicant should contract with a third-party evaluator specializing in social science or evaluation, or a university or college, to conduct the evaluation. In either case, it is important that the evaluator has the necessary independence from the project to ensure objectivity and that the evaluator has knowledge of /experience with the unique challenges to collecting evaluation data in the child welfare context. A skilled evaluator can help develop a logic model and assist in designing an evaluation strategy that is rigorous and appropriate given the goals and objectives of the proposed project. Additional assistance may be found in a document titled "Program Manager's Guide to Evaluation." A copy of this document can be accessed at
http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.html
Applications should include a logic model that presents the conceptual framework for the proposed project and explains the linkages among program elements. This logic model should summarize the logical connections among the needs that are the focus of the project, project goals and objectives, the target population, project inputs (resources), the proposed activities/processes/outputs directed toward the target population, the expected short- and long-term outcomes the initiative is designed to achieve, and the evaluation plan for measuring the extent to which proposed processes and outcomes actually occur. Information on the development of logic models is available on the Internet at
http://www.childwelfare.gov/management/effectiveness/logic_model.cfm
Applicants should describe their plan for addressing protection of human subjects. General information

about the HHS Protection of Human Subjects regulations can be obtained at http://www.hhs.gov/ohrp/. Applicants may also contact OHRP by email (ohrp@csophs.dhhs.gov) or by phone (240-453-6900).

Grantees are expected to allocate sufficient funds in their project budgets each year to evaluation and data collection activities.

Dissemination

CB expects that information and knowledge generated by these projects will be shared with the field and efforts will be made to integrate project knowledge into policy and practice. Grantees will be expected to disseminate strategically and effectively, so their project information and knowledge is received by key target audiences and used as intended to achieve identified dissemination goals. This will include both individual project dissemination of individual project products and findings AND cluster dissemination of cross-cluster products and findings.

Grantees will be expected to work throughout the course of their projects with Federal Project Officers, the CB T/TA Network, and other projects in this grant cluster to:

- Finalize individual and cluster-wide dissemination goals and objectives;
- Identify and engage with target audiences for dissemination;
- Produce detailed procedures, materials, and other products based on the program evaluation; and
- Develop and disseminate summarized/synthesized information about the project.

Grantees are expected to disseminate strategically and incorporate dissemination activities into their work. Their dissemination activities will focus on key target audiences, for specific purposes, understanding what they need to know, and effectively getting this information to them. Projects will disseminate their individual project products and findings AND work with the other projects in this grant cluster to disseminate cross-cluster products and findings. Projects will disseminate at appropriate times. They will evaluate the extent to which their target audiences have received project knowledge and used it as intended, and assess the long term impact of dissemination. They will allocate sufficient staff time and budget for dissemination.

CB Discretionary Grants

CB currently funds approximately 300 discretionary grant projects in over 50 different program areas. Through their work with a broad spectrum of populations within the child welfare arena, discretionary grantees develop a wealth of knowledge across numerous program areas. The findings from these programs can be useful in informing the field. Applicants are strongly encouraged to utilize the knowledge being developed by CB discretionary research and demonstration projects and other related CB T/TA Network activities when developing proposals in response to this FOA. For more information on CB discretionary grant programs, please see http://www.acf.hhs.gov/programs/cb/programs_fund/index.htm#disc and http//basis.caliber.com/cbgrants/ws/library/docs/cb_grants/GrantHome. For more information on CB's T/TA Network, please see http://www.acf.hhs.gov/programs/cb/tta/ .

Non-Public Child Welfare Agency Applicants

If the primary applicant responsible for administering the cooperative agreement funded under this FOA is not the public child welfare agency, the applicant must document a strong partnership with the public child welfare agency(ies) with responsibility for administering the child welfare program(s) in the targeted geographical area(s) and courts having jurisdiction over the targeted child welfare population. This documentation should include the following:

- Letter(s) of commitment or MOU(s) from the relevant public child welfare agency(ies) and courts, which describe, in detail, the roles and responsibilities of the project partners;
- Evidence that the relevant public child welfare agency(ies) and courts fully understand, are fully committed to the proposed project, and demonstrate a willingness to be fully engaged in the

activities that are described in the application;

- Evidence that the relevant public child welfare agency(ies) and courts)will follow through on these commitments, regardless of changes in administration, economic status, or other foreseeable factors; and
- Any other evidence that would demonstrate the full commitment of the relevant public child welfare agency(ies) and courts to making the proposed project a success.

Implementation Projects

Activities funded under this FOA are implementation projects. The purpose of an implementation project is to put into place a specific, well-defined practice, program, service, or policy with the intent of replicating it with fidelity. Implementation projects are intended to examine the process of implementation and the effectiveness of particular implementation strategies. Implementation projects may be used to test new, unique, or distinctive approaches to spreading or scaling up an effective or promising practice in child welfare.

Implementation projects may also test whether a program or service that has proven successful in one location or setting can work in a different context. Implementation projects may test a theory, idea, or method that reflects a new and different way of thinking about implementation. Implementation projects may be designed to change the practice of a very specific group of professionals, practitioners, or service providers. The scope of the practices, programs, or policies being replicated in these projects may be broad and comprehensive or narrow and targeted to specific populations. These implementation projects must:

- Implement an evidence-based or evidence-informed treatment model with specific components and methods that are based on theory, research, and/or evaluation data;
- Determine the effectiveness of the planning process and implementation strategies using a rigorous evaluation approach; and
- Produce detailed procedures and materials based on the evaluation that will contribute to and promote building the evidence base for effective and promising implementation approaches and strategies that may be used to guide large scale replication or testing, and to encourage the investment in these types of approaches in other settings.

Additional Project Requirements

The applicant's signature on the application constitutes its assurance that it will comply with the following requirements:

- Have the project fully functioning within 90 days following the notification of the award.
- Participate if CB chooses to do a cross-site evaluation or a technical assistance contract that relates to this FOA.
- Submit all performance indicator data, program, evaluation, and financial reports in a timely manner (see Section VI.3), in the recommended formats (to be provided). CB prefers and will accept the interim and final reports and attachments on disk or electronically using a standard word processing program; however, projects are required to provide the original and two copies of performance progress and final reports.
- Submit an original and two copies of the final program/evaluation report and any program products to CB within 90 days of project end date.
- Acknowledge that CB reserves the right to secure and distribute grantee products and materials, including copies of journal articles written by grantees about their grant projects.
- Include the following notice with all grantee materials, products, publications, news releases, etc. --

    Funded through the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #_____ .

- Archive data from the program evaluation with the National Data Archive on Child Abuse and

Neglect within 90 days of the termination of Federal funding for the project. The applicant's IRB and research participants should be made aware that the data from the project will be archived and made available to other researchers after personal identifiers have been removed. Archiving will involve providing individual respondent data in electronic form and the accompanying documentation, including the codebook, the final report, and copies of the research instruments, as appropriate. A manual describing the guidelines of the Archive, Depositing Data with the National Data Archive on Child Abuse and Neglect: A Handbook for Investigators, is available from the Archive directly at the Family Life Development Center, MVR Hall, Cornell University, Ithaca, NY 14853 (phone: (607) 255-7799), from the Archive website at http://www.ndacan.cornell.edu, or from the Child Welfare Information Gateway website at http://childwelfare.gov.

- Allocate sufficient funds in the budget to support required travel:

  - Within three months after the award, the project director, child welfare liaison (if different from the project director), evaluator and/or other key staff must attend a two- to three-day kick-off meeting in Washington, D.C.
  - The project director, the child welfare agency liaison (if different from the project director) and the evaluator and/or other key staff must attend the annual grantee meeting, usually held in the spring, in Washington, D.C.
  - Key project staff will attend annual National Child Traumatic Stress Network (NCTSN) meetings.

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[1] Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J. & Layne, C. M. (2008). Creating Trauma-Informed Systems: Child Welfare, Education, First Responders, Health Care, Juvenile Justice. Professional Psychology: Research and Practice, 39, 396-404.

[2] Angelo P. Giardino, MD, PhD, Toi Blakely Harris, MD and Eileen R Giardino, PhD, RN, MSN, FNP-BC, ANP-BC, Child Abuse and Neglect, Posttraumatic Stress Disorder, July 2009, http://emedicine.medscape.com/article/916007-overview.

[3] Id.

[4] Id.

[5] National Child Welfare Resource Center for Family-Centered Practice, Best practice, Next Practice, Winter 2002 http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/newsletter/BPNPWinter02.pdf.

[6] The National Child Traumatic Stress Network, Understanding Child Traumatic Stress, http://www.nctsn.org/resources/audiences/parents-caregivers/understanding-child-traumatic-stress.

[7] U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2009 data (October 1, 2008-September 30, 2009); Child Maltreatment 2009 http://www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf#page=31.

[8] Jan McCarthy, Meeting the Health Care needs of Children in the Foster Care System, Georgetown University child Development Center, 2002 http://gucchd.georgetown.edu/products/FCSummary.pdf; Simms, M.D., and Neal Halfon. "The Health Care Needs of Children in Foster Care: A Research Agenda." Child Welfare 73 (1998): 505-524; Silver, Judith et al. "Starting Young: Improving the Health and

Developmental Outcomes of Infants and Toddlers in the Child Welfare System." Child Welfare 78. (1999): 148-165; Halfon, Neal et al. "Health Status of Children in Foster Care." Archives of Pediatric and Adolescent Medicine 149 (1995): 386-392; Child Welfare League of America. Standards for Health Care Services for Children in Out-of-Home Care. Washington, D.C.: CWLA, Inc., 1988: 1-3.

[9] Improving the Mental Health of Children in Child Welfare Through the Implementation of Evidence-Based Parenting Interventions; Horwitz, Sarah; Chamberlain, Patricia; Landsverk, John; Mullican, Charlotte Administration and Policy in Mental Health, Volume 37, Numbers 1-2, March 2010, pp. 27-39(13).

[10] Core Components of Interventions (http://nctsnet.org/resources/topics/treatments-that-work/promising-practices).

[11] Children's Hospital and Health Center, San Diego and National Call to Action (2004) - Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices - The findings of the Kauffman Best Practices Project.

[12] University Of Oklahoma Health Sciences Center (2004) - Evidence-based treatments in child abuse and neglect--Chaffin and Friedrich.

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[14] University of South Florida (2005) - http://cfs.cbcs.usf.edu/publications/detail.cfm?id=137.

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[17] Taylor, N. & Siegfried, C. (2005). Helping Children in the Child Welfare System Heal from Trauma: A Systems Integration Approach. National Child Traumatic Stress Network Systems Integration Workgroup. http://www.nctsn.org/.

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[19] E-only document, Office of Victims of Crime Bulletin, June 1999, "Children Exposed to Violence: Criminal Justice Resources", Helen Connelly. Available at: http://www.ojp.usdoj.gov/ovc/publications/factshts/cevcjr.htm

[20] See http://www.nctsnet.org/nccts/nav.do?pid=hom_main. The Network includes a "Systems Integration Working Group" which has conducted research and offers various products specifically addressing treatment of trauma for children with CPS involvement.

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[22] http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/ARC_General.pdf.

[23] http://www.nctsnet.org/nctsn_assets/pdfs/CBITSfactsheet.pdf.

[24] http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/SPARCS_fact_sheet_3-21-07.pdf.

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II. Award Information

Funding Instrument Type:	Cooperative Agreement
Estimated Total Funding:	$3,200,000
Expected Number of Awards:	5
Award Ceiling:	$640,000 Per Budget Period
Award Floor:	$0 Per Budget Period
Average Projected Award Amount:	$640,000 Per Budget Period

Length of Project Periods:
60-month project with five 12-month budget periods

Additional Information on Awards:
Awards made under this announcement are subject to the availability of Federal funds.

Description of ACF's Anticipated Substantial Involvement Under the Cooperative Agreement

A cooperative agreement is a specific method of awarding Federal assistance in which substantial Federal involvement is anticipated. A cooperative agreement clearly defines the respective responsibilities of CB and the awardee prior to the award. CB anticipates that agency involvement will produce programmatic benefits to the recipient otherwise unavailable to them for carrying out the project. The involvement and collaboration includes:

- CB review and approval of planning stages of the activities before implementation phases may begin;
- CB and recipient joint collaboration in the performance of key programmatic activities (i.e., strategic planning, implementation, information technology enhancements, T/TA, publications or products, and evaluation);
- Close monitoring by CB of the requirements stated in this announcement that limit the awardee's discretion with respect to scope of services offered, organizational structure, and management processes; and
- Close monitoring by CB during performance which may, in order to ensure compliance with the intent of this funding, exceed those Federal stewardship responsibilities customary for grant activities.

Please see *Section IV.5 Funding Restrictions* for any limitations on the use of grant funds awarded under this announcement.

III. Eligibility Information

III.1. Eligible Applicants

Eligible applicants are:
- State, tribal or county public child welfare agencies; and
- Private child welfare agencies under contract with the public child welfare agency.

Individuals, foreign entities, and sole proprietorship organizations are not eligible to compete for, or receive, awards made under this announcement.

Faith-based and community organizations that meet eligibility requirements are eligible to receive awards under this funding opportunity announcement.

See "Legal Status of Applicant Entity" in *Section IV.2* for documentation required to support eligibility.

III.2. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

III.3. Other

Collaborative efforts are strongly encouraged, but applicants must identify a primary applicant responsible for administering the cooperative agreement.

If the primary applicant responsible for administering the cooperative agreement is not a public child welfare agency, the applicant must document a strong partnership with the public child welfare agency(ies) with responsibility for administering the child welfare program(s) in the targeted geographical area(s) and court(s) having jurisdiction over the targeted child welfare population.

Applicants are required to partner with key agencies, e.g., a university, medical center, mental health agency, and/or community-based provider with nationally demonstrated expertise in child traumatic stress interventions and experience with the population(s) that the applicant proposes to serve with their proposed project.

Applicants must either demonstrate in their proposals that efforts to integrate trauma-informed and trauma-focused practices into their provision of child welfare services have already been undertaken prior to reviewing and responding to this FOA, or demonstrate that there is considerable community interest and commitment to developing these practices. Applicants must also demonstrate that they have the capacity within their child welfare systems, or in partnership with mental health agencies, to offer accessible and individualized mental health services to children in the child welfare system.

Disqualification Factors
Applications with requests that exceed the ceiling on the amount of individual awards as stated in *Section II. Award Information,* will be deemed non-responsive and will not be considered for competitive review or funding under this announcement.

Applications that fail to satisfy the due date and time deadline requirements stated in *Section IV.3. Submission Dates and Times,* will be deemed non-responsive and will not be considered for competitive review or funding under this announcement.

See *Section IV.3. Submission Dates and Times* for disqualification information specific to electronically-submitted applications:
- Electronically-submitted applications that do not receive a date/time-stamp email indicating

application submission on or before 4:30 p.m., eastern time, on the due date, will be disqualified and will not be considered for competitive review or funding under this announcement.

- Electronically-submitted applications that fail the checks and validations at www.Grants.gov because the Authorized Organization Representative (AOR) does not have a current registration at the Central Contractor Registry (CCR) at the time of application submission will be disqualified and will not be considered for competitive review or funding under this announcement.

Section IV. Application and Submission Information

IV.1. Address to Request Application Package

Standard Forms, assurances, and certifications are available at the ACF Funding Opportunities Forms webpage. Standard Forms are also available at the Grants.gov Forms Repository website.

CB Operations Center

c/o Lux Consulting Group

8405 Colesville Road, Suite 600

Silver Spring, MD 20910

Phone: (866) 796-1591

Email: cb@luxcg.com

Federal Relay Service:

Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (**TTY** - Text Telephone or **ASCII** - American Standard Code For Information Interchange).

Section IV.2. Content and Form of Application Submission

Copies Required:

If applying in hard copy, applicants are required to submit one original and two copies of all application materials. **If applying electronically via www.Grants.gov**, applicants must submit one complete copy of the application package electronically. Applicants submitting electronic applications need not provide additional copies of their application materials.

Signatures:

The original signature of the Authorized Organization Representative (**AOR**) is required only on the original copy of hard copy application submissions. The AOR is named by the applicant, and is authorized to act for the applicant, to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to the grant application or awards. A point of contact on matters involving the application must also be identified on the SF-424 at item 8f. The point of contact, known as the Project Director or Principal Investigator, should not be identical to the person identified as the AOR.

Formatting Requirements:

All application materials for both hard copy (mailed or hand delivered) and electronic submissions must be submitted on 8 ½" x 11" white paper with 1-inch margins. **All pages of the application submission (hard and electronic copies) must be sequentially numbered.** Project Descriptions, narratives, summaries, etc., must be in double-spaced format in 12-point font. Hard copy application materials must be one-sided for duplication purposes. Hard copy application copies (original and two copies) must not be bound, they may be clipped or rubber-banded together.

If an application exceeds the cited page limitation for double-spaced pages in the application narrative or the double-spaced page limitation cited for the appendices and resumes, the extra pages will be removed and will not be reviewed. In addition, if an application narrative is single-spaced and/or one-and-a-half spaced (in whole or in part) the total number of these lines will be doubled. This adjustment may result in an increased total number of pages, which will be removed so that the application conforms to the cited double-spaced page limitation. **Page limitations do not include the required Standard Forms.**

This section also may include instructions on the order of assembly for hard copy (mailed or hand delivered) application submissions. Acceptable formats for applications submitted electronically via www.Grants.gov are MS-Word and Excel, Word Perfect, Adobe PDF, Jpeg and Gif.

Later in this section of the announcement, specific information on page limitations is provided. Information on required Standard Forms and other forms, certifications and assurances, D-U-N-S Numbers and Central Contractor Registration (CCR) requirements, the project description, budget and budget justification requirements, and methods of application submission are also found later in this section (*Section IV.2.*).

A checklist of required application elements is available for applicants' use in *Section VIII. Additional Information*.

Each mailed or hand delivered application must contain the following items in the order listed:

Application for Federal Assistance. (Standard Form (SF) 424, SF-424A and SF-424-B). Follow the instructions that accompany the forms and those in *Section V*, Application Review Information.

Certifications/Assurances. See *Forms, Assurances, and Certifications*, below.

Table of Contents. List the major sections of the application and show the page on which each section begins.

Project Summary/Abstract. See *Section IV.2,* Project Description. Care should be taken to produce a summary/abstract that accurately and concisely reflects the proposed project.

The Project Description. Applicants should organize their project description in this sequence: 1) Objectives and Need for Assistance; 2) Approach; 3) Evaluation; 4) Organizational Profiles; and 5) Budget and Budget Justification.

Budget and Budget Justification. See *Section IV.2,* Project Description.

Indirect Charges. See *Section IV.2,* Project Description.

Third-Party Agreements. See *Section IV.2,* Project Description. Note: General letters of support not expressing specific commitments are not required and will not be considered by reviewers under the evaluation criteria.

Staff and Position Data. Include job descriptions and *curriculum vitae/resumes* for proposed project staff.

Page Limit. The length of the application package, **excluding required Standard Forms,** may be less than, but must not exceed, 100 pages. This includes, but is not limited to, table of contents, project summary, project description, budget/budget justification, supplemental documentation, proof of non-profit status, third party agreements, resumes, CVs, and any other pages included in the application package. All pages of the application package must be sequentially numbered, beginning with page 1. All pages of each application, **excluding required Standard Forms,** will be counted to determine total length. All pages exceeding the 100-page limit will be removed and will not be considered in the reviewing process. A cover letter and general letters of support are not required. Applicants are reminded

that if a cover letter and general letters of support are submitted, they will count towards the 100-page limit.

General Content and Form Information. To be considered for funding, each application must be submitted with the Standard Federal Forms and must follow the guidance provided. The application must be signed by an individual authorized to act for the applicant agency and to assume responsibility for the obligations imposed by the terms and conditions of the award.

The project description must be typed and double-spaced on a single side of 8.5 x 11 inch plain white paper with a least one inch margins on all sides, using black print with 12-point size standard font.

For charts, budget tables, supplemental letters, and documents, applicants may use a different point size and font, but no less than 10-point size and single spaced.

Applicants that deviate from these format and page limit requirements risk having pages removed from their applications.

All copies of a mailed or hand delivered application must be submitted in a single package. A separate package must be submitted for each funding opportunity. The package must be clearly labeled for the specific funding opportunity it is addressing.

Because each application will be duplicated, do not use or include separate covers, binders, clips, tabs, plastic inserts, maps, brochures, or any other items that cannot be processed easily on a photocopy machine with an automatic feed. Do not bind, clip, staple, or fasten in any way separate subsections of the application, including supporting documentation. Use a clip (not a staple) to securely bind the application together. Applicants are advised that the copies of the application submitted, not the original, will be reproduced by the Federal government for review.

Logic Model. A logic model is a tool that presents the conceptual framework for a proposed project and explains the linkages among program elements. While there are many versions of the logic model, they generally summarize the logical connections among the needs that are the focus of the project, project goals and objectives, the target population, project inputs (resources), the proposed activities/processes/outputs directed toward the target population, the expected short- and long-term outcomes the initiative is designed to achieve, and the evaluation plan for measuring the extent to which proposed processes and outcomes actually occur. Information on the development of logic models is available on the Internet at http://www.childwelfare.gov/management/effectiveness/logic_model.cfm

Evaluation. Project evaluations are very important. If the applicant does not have the in-house capacity to conduct an objective, comprehensive evaluation of the project, then CB advises that the applicant contract with a third-party evaluator specializing in social science or evaluation, or a university or college, to conduct the evaluation. In either case, it is important that the evaluator has the necessary independence from the project to ensure objectivity. A skilled evaluator can help develop a logic model and assist in designing an evaluation strategy that is rigorous and appropriate given the goals and objectives of the proposed project. Additional assistance may be found in a document titled "Program Manager's Guide to Evaluation." A copy of this document can be accessed at http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.html.

Protection of Human Subjects. General information about the HHS Protection of Human Subjects regulations can be obtained at http://www.hhs.gov/ohrp/. Applicants may also contact OHRP by email (ohrp@csophs.dhhs.gov) or by phone (240-453-6900).

Organizing the Application. Reviewers will use the specific evaluation criteria in *Section V.* of this FOA to review and evaluate each application. The applicant should address each of these specific evaluation criteria in the project description. Applicants should organize their project description in this sequence: (1) Objectives and Need for Assistance; (2) Approach; (3) Evaluation; (4) Organizational Profiles; and (5) Budget and Budget Justification. The applicant must use the same headings as these criteria, so that reviewers can readily find information that directly addresses each of the specific review criteria.

Forms, Assurances, and Certifications

Applicants seeking financial assistance under this announcement must submit the listed Standard Forms (SFs), assurances, and certifications. All required Standard Forms, assurances, and certifications are available at ACF Funding Opportunities Forms or at the Grants.gov Forms Repository unless specified otherwise.

Forms / Assurances / Certifications	Submission Requirement	Notes / Description
Central Contractor Registration (CCR)	Required for all applicants.	Required for all applicants.
DUNS Number (Universal Identifier)	Required for all applicants.	Required for all applicants.
SF-424 - Application for Federal Assistance SF-P/PSL - Project/Performance Site Location(s)	Submission required for all applicants by the application due date.	Required for all applications.
Survey on Ensuring Equal Opportunity for Applicants	Submission is voluntary. Submission may be made with the application or prior to award.	Non-profit private organizations (not including private universities) are encouraged to submit the survey with their applications. Submission of the survey is voluntary. Applicants applying electronically may submit the survey along with the application. Hard copy submissions should include the survey in a separate envelope.
SF-LLL - Disclosure of Lobbying Activities, if applicable	If applicable, submission is due prior to award.	If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the applicant shall complete and submit the SF-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Applicants must furnish an executed copy of the Certification Regarding Lobbying prior to award.

Certification Regarding Lobbying	Submission required of all applicants prior to award.	Required for all applications.
Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)	Submission required prior to award.	Form is available at http://www.hhs.gov/ohrp/assurances/forms/index.html.
SF-424A - Budget Information - Non-Construction Programs SF-424B - Assurances - Non-Construction Programs	Submission required for all applicants when applying for a non-construction project by the application due date.	Required for all applications when applying for a non-construction project .

Additional Assurances and Certifications

The Pro-Children Act of 2001, 42 U.S.C. 7181 through 7184, imposes restrictions on smoking in facilities where federally funded children's services are provided. HHS grants are subject to these requirements only if they meet the Act's specified coverage. The Act specifies that smoking is prohibited in any indoor facility (owned, leased, or contracted for) used for the routine or regular provision of kindergarten, elementary, or secondary education or library services to children under the age of 18. In addition, smoking is prohibited in any indoor facility or portion of a facility (owned, leased, or contracted for) used for the routine or regular provision of federally funded health care, day care, or early childhood development, including Head Start services to children under the age of 18. The statutory prohibition also applies if such facilities are constructed, operated, or maintained with Federal funds. The statute does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, portions of facilities used for inpatient drug or alcohol treatment, or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per violation and/or the imposition of an administrative compliance order on the responsible entity.

The Drug-Free Workplace Act of 1988, 42 U.S.C. 701 *et seq*., requires that all organizations receiving grants from any Federal agency agree to maintain a drug-free workplace. The recipient must notify the awarding office if an employee of the recipient is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. HHS implementing regulations are set forth in 45 C.F.R. part 82, "Governmentwide Requirements for Drug-Free Workplace (Financial Assistance)."

The Certification Regarding Debarment, Suspension, and Other Responsibility Matters is available at http://www.acf.hhs.gov/grants/grants_resources.html.

By signing and submitting the application, applicants are making the appropriate certification of their compliance with all Federal statutes relating to nondiscrimination.

Additional information on certifications and assurances may be found in the HHS Grants Policy Statement at: http://www.acf.hhs.gov/grants/notices.html#policy.

Non-Federal Reviewers
Since ACF will be using non-Federal reviewers in the review process, applicants have the option of omitting from the application copies (not the original) specific salary rates or amounts for individuals specified in the application budget as well as Social Security Numbers, if otherwise required for individuals. The copies may include summary salary information.If applicants are submitting their application electronically, ACF will omit the same specific salary rate information from copies made for use during the review and selection process.

DUNS Number and CCR Registration Requirements

DUNS Number Requirement

All applicants and sub-recipients must have a DUNS number (Data Universal Numbering System) at the time of application in order to be considered for a grant or cooperative agreement. A DUNS number is required whether an applicant is submitting a paper application or using the Government-wide electronic portal, www.Grants.gov.   A DUNS number is required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs. A DUNS number may be acquired at no cost online at http://fedgov.dnb.com/webform. To acquire a DUNS number by phone, contact the D&B Government Customer Response Center:

U.S. and U.S Virgin Islands: 1-866-705-5711
Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1)
Monday - Friday 7 a.m. to 8 p.m., c.s.t.

The process to request a D-U-N-S® Number by telephone takes between 5 and 10 minutes.

Central Contractor Registration (CCR) Requirement

Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV) or receivesubawards directly from recipients of those grant funds to:

- Be registered in the CCR prior to submitting an application of plan;
- Maintain an active CCR registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
- Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until an applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier subaward recipients (i.e., direct subrecipient) must have a DUNS number at the time the subaward is made

CCR registration may be made online at www.ccr.gov or by phone at 1-866-606-8220.

There is the possibility of heavy traffic at the CCR website at application due dates. Therefore, applicants are strongly encouraged to register at the CCR well in advance of the application due date. CCR registration must be updated annually. CCR registration must be active

and maintained with current information at all times during which an organization has an active award or an application under consideration.

Definitions:

Central Contractor Registration (CCR): The Federal registrant database and repository into which an entity must provide information required for the conduct of business as a recipient. CCR, managed by the General Services Administration, collects, validates, stores, and disseminates data in support of agency financial assistance missions.

Data Universal Numbering System (DUNS) Number: The nine-digit, or thirteen-digit (DUNS + 4), number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities.

Entity:
Means all of the following:

- A Governmental organization, which is a State, local government, or Indian tribe;
- A foreign public entity:
- A domestic or foreign for-profit organization; and
- A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

Subaward: This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that the recipient awards to an eligible subrecipient.

- This term does not include the procurement of property and services needed to carry out the project or program (for further explanation, see Sec. --.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").
- A subaward may be provided through any legal agreement, including an agreement that the grantee or a subrecipient consider to be a contract.

First Tier Subrecipient: An entity that receives a subaward from a prime grantee and is accountable to the prime for the use of the Federal funds provided by the subaward.

The Project Description

Part I: The Project Description Overview
The project description provides the majority of information by which an application is evaluated and ranked in competition with other applications for available assistance. The project description should be concise and complete. It should address the activity for which Federal funds are being requested. Supporting documents should be included where they can present information clearly and succinctly. In preparing the project description, information that is responsive to each of the requested evaluation criteria must be provided. Awarding offices use this and other information in making their funding recommendations.   It is important, therefore, that this information be included in the application in a manner that is clear and complete.

General Expectations and Instructions
ACF is particularly interested in specific project descriptions that focus on outcomes and convey strategies for achieving intended performance. Project descriptions are evaluated on the basis of substance and measurable outcomes, not length. Extensive exhibits are not required. Cross-referencing should be used rather than repetition. Supporting information concerning activities that will not be directly funded by the grant or information that does not directly pertain to an integral part of the grant-funded activity should be placed in an appendix.

Part II: General Instructions for Preparing a Full Project Description

Introduction

Applicants that are required to submit a full project description shall prepare the project description statement in accordance with the following instructions while being aware of the specified evaluation criteria. The topics listed in this section provide a broad overview of what the project description should include while the Criteria in *Section V.1.* identify the measures that will be used to evaluate applications.

Table of Contents

List the contents of the application including corresponding page numbers.

Project Summary/Abstract

Provide a summary of the application's project description. The summary must be clear, accurate, concise, and without reference to other parts of the application. The abstract must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, and the population group(s) to be served.
Please place the following at the top of the abstract:

- Project Title
- Applicant Name
- Address
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

Objectives And Need For Assistance

Clearly identify the physical, economic, social, financial, institutional, and/or other problem(s) requiring a solution. The need for assistance including the nature and scope of the problem must be demonstrated, and the principal and subordinate objectives of the project must be clearly and concisely stated; supporting documentation, such as letters of support and testimonials from concerned interests other than the applicant, may be included. Any relevant data based on planning studies or needs assessments should be included or referred to in the endnotes/footnotes. Incorporate demographic data and participant/beneficiary information, as needed. In developing the project description, the applicant may volunteer or be requested to provide information on the total range of projects currently being conducted and supported (or to be initiated), some of which may be outside the scope of the program announcement.

Outcomes Expected

Identify the outcomes to be derived from the project.

Approach

Outline a plan of action that describes the scope and detail of how the proposed work will be accomplished. Account for all functions or activities identified in the application. Cite factors that might accelerate or decelerate the work and state your reason for taking the proposed approach rather than others. Describe any unusual features of the project such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvement.

Provide quantitative monthly or quarterly projections of the accomplishments to be achieved for each function or activity in such terms as the number of people to be served and the number of activities accomplished. Data may be organized and presented as project tasks and subtasks with their corresponding timelines during the project period. For example, each project task could be assigned to a

row in the first column of a grid. Then, a unit of time could be assigned to each subsequent column, beginning with the first unit (i.e., week, month, quarter) of the project and ending with the last. Shading, arrows, or other markings could be used across the applicable grid boxes or cells, representing units of time, to indicate the approximate duration and/or frequency of each task and its start and end dates within the project period.

When accomplishments cannot be quantified by activity or function, list them in chronological order to show the schedule of accomplishments and their target dates.

Provide a list of organizations, cooperating entities, consultants, or other key individuals who will work on the project, along with a short description of the nature of their effort or contribution.

Applicants should provide an assessment of their current systems, answering questions such as:

- Are standardized trauma-informed assessments used (for example, as part of initial screenings, comprehensive health assessments, and/or risk and safety assessments)?
- What behavioral and mental health care services and treatments are available to children reacting to trauma and how well is the system informed as to access and appropriateness?
- What are the various training and education programs for administrative and front-line staff and how are those applied in practice (e.g. do caseworkers conduct assessments and provide some level of triage?); what efforts are under way to help expand the trauma-informed capacity of interested providers and service-delivery partners?
- How do providers collaborate with one another and as a network (e.g. coordinate appropriate treatment plans, monitor progress, and address issues of continuity of treatment for children experiencing placement changes)?
- What information is collected and could be collected by the various providers that can inform a "trauma-passport", i.e., a central location for the child's or adolescent's full trauma history? How can the State's case planning process and Federal case plan requirements be utilized to support the collection and sharing of information?
- What funding strategies exist to build or enhance a trauma-focused system of care?

Applicants having experience with trauma-informed and trauma-focused services should describe how they will build on their existing efforts to integrate trauma-informed practice and services into their systems. These applicants must assess the degree to which their current child welfare systems are trauma-informed and determine what activities need to be undertaken and which practices need to be adapted to support successful implementation and sustainability of the trauma-focused treatments.

Applicants that are relatively new to trauma-informed and trauma-focused services should describe and document their community's interest in, and commitment to, developing these practices.

All applicants should present a plan for enhancing system-wide capacity to become trauma-informed and trauma-focused, building the resilience of children and reducing repeat exposures to identified traumas. The plan should include strategies for the implementation of effective trauma-focused treatments with high fidelity in child welfare systems. The plan should also address how agency partners (e.g. courts, mental health providers, caregivers, schools) will be engaged in creating systemic changes to support the new approach to providing mental health services to children in the child welfare system. Policy, practice, and service array and delivery issues must be addressed, including:

- Childhood trauma-related training for child welfare administrators, managers, supervisors, and caseworkers;
- Demonstrating a trauma-informed approach to casework practice that is intended to build resilience and reduce the risk of exposure to future traumatic events through an appropriate case planning and trauma-informed service delivery system. Examples include:
- Trauma-informed investigation and removal procedures;

- Screening, triaging by caseworkers, and appropriate referrals for formal assessment and treatment and/or trauma-informed services;
- Assessing child and family risk and protective factors in the context of trauma exposure and resilience at initial contact and throughout engagement in services;
- Developing a trauma-informed case plan that appropriately matches placement decisions, permanency goals, and services and the identified needs of the child and family/caregivers in the target population);
- Trauma screening, referral, and resources for child welfare staff exhibiting secondary trauma symptoms;
- Trauma training for caregivers and professionals in the court system, law enforcement, education, and other systems that intersect with children and families in child welfare caregivers;
- Enhancing child welfare system's partners' capacity to address children's needs through a trauma-informed lens;
- Increasing trauma-focused communication among partners (in case-specific activities and overall processes); and
- Promoting safety, permanency, and well-being by addressing trauma-related needs.

Evaluation

Provide a narrative addressing how the conduct of the project and its results will be evaluated. In addressing the evaluation of results, state what measures will be used to determine the extent to which the project has achieved its stated objectives and the extent to which the accomplishment of objectives can be attributed to the project. Discuss the criteria to be used to evaluate results, and explain the methodology that will be used to determine if the needs identified and discussed are being met and if the project results and benefits are being achieved. With respect to the conduct of the project, define the procedures to be employed to determine whether the project is being conducted in a manner consistent with the work plan presented and discuss the impact of the project's various activities that address the project's effectiveness.

Geographic Location

Describe the precise location of the project and boundaries of the area to be served by the proposed project. Maps or other graphic aids may be attached.

Legal Status of Applicant Entity

Applicants must provide the following documentation of their legal status:

Proof of Non-Profit Status

Non-profit organizations applying for funding are required to submit proof of their non-profit status. Proof of non-profit status is any one of the following:

- A reference to the applicant organization's listing in the IRS's most recent list of tax-exempt organizations described in the IRS Code.
- A copy of a currently valid IRS tax-exemption certificate.
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has non-profit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status.
- Any of the items in the subparagraphs immediately above for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.

When applying electronically, proof of non-profit status may be submitted as an attachment; however, proof of non-profit status must be submitted prior to award.

Logic Model

Applicants are expected to use a model for designing and managing their project. A logic model is a tool that presents the conceptual framework for a proposed project and explains the linkages among program elements. While there are many versions of the logic model, they generally summarize the logical connections among the needs that are the focus of the project, project goals and objectives, the target population, project inputs (resources), the proposed activities/processes/outputs directed toward the target population, the expected short- and long-term outcomes the initiative is designed to achieve, and the evaluation plan for measuring the extent to which proposed processes and outcomes actually occur.

Project Sustainability Plan

Provide a plan for sustainability that details how the proposed project approach will create project self-sufficiency and help to ensure that the impact of the project will continue after Federal assistance has ended. The applicant may include information on plans to secure additional financial resources.

Organizational Capacity

- Organizational charts
- Contact persons and telephone numbers
- Documentation of experience in the program area
- Any other pertinent information the applicant deems relevant.

Provide a biographical sketch or resume for each key person appointed. Resumes should be no more than two pages in length. Job descriptions for each vacant key position should be included as well. As new key staff are appointed, biographical sketches or resumes will also be required.

Protection of Sensitive and/or Confidential Information

If any confidential or sensitive information will be collected during the course of the project, whether from staff (e.g., background investigations) or project participants and/or project beneficiaries, provide a description of the methods that will be used to ensure that confidential and/or sensitive information is properly handled and safeguarded. Also provide a plan for the disposition of such information at the end of the project period.

Dissemination Plan

Provide a plan for distributing reports and other project outputs to colleagues and to the public. Applicants must provide a description of the method, volume, and timing of distribution.

Third-Party Agreements

Provide written and signed agreements between grantees and subgrantees, or subcontractors, or other cooperating entities. These agreements must detail the scope of work to be performed, work schedules, remuneration, and other terms and conditions that structure or define the relationship.

Budget and Budget Justification

Provide a budget with line-item detail and detailed calculations for each budget object class identified on the Budget Information Form (SF-424A or SF-424C). Detailed calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient for the calculation to be duplicated. If matching is a requirement, include a breakout by the funding sources identified in Block 18 of the SF-424.

Provide a narrative budget justification for each year of the proposed project. The narrative budget justification should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

General

Use the following guidelines for preparing the budget and budget justification. Both Federal and non-Federal resources (when required) shall be detailed and justified in the budget and budget narrative justification.   "Federal resources" refers only to the ACF grant funds for which you are applying. "Non-Federal resources" are all other non-ACF Federal and non-Federal resources. It is suggested that budget amounts and computations be presented in a columnar format: first column, object class categories; second column, Federal budget; next column(s), non-Federal budget(s); and last column, total budget. The budget justification should be in a narrative form.

Personnel

Description: Costs of employee salaries and wages.

Justification: Identify the project director or principal investigator, if known at the time of application. For each staff person, provide: the title; time commitment to the project in months; time commitment to the project as a percentage or full-time equivalent; annual salary; grant salary; wage rates; etc. Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant.

Fringe Benefits

Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, taxes, etc.

Travel

Description: Costs of project-related travel by employees of the applicant organization. (This item does not include costs of consultant travel).

Justification: For each trip show: the total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used to travel out of town; and other transportation costs and subsistence allowances. If appropriate for this project, travel costs for key staff to attend ACF-sponsored workshops should be detailed in the budget.

Equipment

Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) $5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with the organization's regular written accounting practices.)

Justification: For each type of equipment requested provide: a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use on the project; as well as use and/or disposal of the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition.

Supplies

Description: Costs of all tangible personal property other than that included under the Equipment category.

Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual

Description: Costs of all contracts for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include thirdparty evaluation contracts, if applicable, and contracts with secondary recipient organizations, including delegate agencies and specific project(s) and/or businesses to be financed by the applicant.

Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open and free competition. Recipients and subrecipients, other than States that are required to use 45 CFR Part 92 procedures, must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed at 41 U.S.C. 403(11), currently set at $100,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc. available to ACF.

Note: Whenever the applicant intends to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each delegate agency, by agency title, along with the same supporting information referred to in these instructions.

Other

Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: local travel; insurance; food; medical and dental costs (noncontractual); professional services costs; space and equipment rentals; printing and publication; computer use; training costs, such as tuition and stipends; staff development costs; and administrative costs.

Justification: Provide computations, a narrative description and a justification for each cost under this category.

Indirect Charges

Description: Total amount of indirect costs. This category should be used only when the applicant currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant Federal agency.

Justification: An applicant that will charge indirect costs to the grant must enclose a copy of the current rate agreement. If the applicant organization is in the process of initially developing or renegotiating a rate, upon notification that an award will be made, it should immediately develop a tentative indirect cost rate proposal based on its most recently completed fiscal year, in accordance with the cognizant agency's guidelines for establishing indirect cost rates, and submit it to the cognizant agency. Applicants awaiting approval of their indirect cost proposals may also request indirect costs. When an indirect cost rate is requested, those costs included in the indirect cost pool should not be charged as direct costs to the grant. Also, if the applicant is requesting a rate that is less than what is allowed under the program, the authorized representative of the applicant organization must submit a signed acknowledgement that the applicant is accepting a lower rate than allowed.

Program Income

Description: The estimated amount of income, if any, expected to be generated from this project.

Justification: Describe the nature, source and anticipated use of program income in the budget or refer to the pages in the application that contain this information.

Paperwork Reduction Disclaimer

As required by the Paperwork Reduction Act, 44 U.S.C. §§ 3501-3520, the public reporting burden for the Project Description is estimated to average 40 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection information. The Project Description information collection is approved under OMB control number 0970-0139, which expires 11/30/2012. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Application Submission Options

Electronic Submission via www.Grants.gov

- ACF will not accept applications via facsimile or email.
- The Funding Opportunity Announcement is found on the Grants.gov website at http://www.grants.gov where the electronic application can be downloaded for completion.
- To apply electronically, applicants and sub-recipients must be registered with Grants.gov, Dun and Bradstreet (DUNS Number), and the Central Contractor Registry (CCR).
- All pages of the application package must be sequentially numbered.
- Electronically submitted applications must be received and time/date stamped by the due date and receipt time described in this announcement in *Section IV.3. Submission Dates and Times*.
- To submit an application through Grants.gov, the applicant must be the Authorized Organization Representative (AOR) for their organization and must have current registration with the Central Contractor Registry (CCR).
- **Central Contractor Registry (CCR) registration must be updated annually.** As of October 1, 2010, all applicants, and sub-recipients are required to have CCR registration in order to apply for Federal grants and cooperative agreements.

- Electronically submitted applications will not pass the validation check at Grants.gov if the AOR does not have a current CCR registration and electronic signature credentials.
- Electronically submitted applications will not pass the validation check at Grants.gov if the AOR does not have a current CCR registration and electronic signature credentials.
- Applications rejected by Grants.gov for an unregistered AOR will be disqualified and will not be considered for competition.
- Additional guidance on the submission of electronic applications can be found at the Grants.gov Registration Checklist.
- If difficulties are encountered in using Grants.gov, applicants must contact the Grants.gov Contact Center at:1-800-518-4726, or by email at support@grants.gov, to report the problem and obtain assistance. Hours of Operation: 24 hours a day, 7 days a week. The Grants.gov Contact Center is closed on Federal holidays.
- Applicants should retain Grants.gov Contact Center service ticket number(s) as they may be needed for future reference.
- Applicants that submit their applications electronically should retain a hard copy of their application package.
- It is to an applicant's advantage to submit their applications at least 24 hours in advance of the closing date and time.
- Applicants should not wait until the due date for applications to begin submission of their application.

Contact with the Grants.gov Contact Center prior to the listed due date and time does not ensure acceptance of your application. If difficulties are encountered, ACF's Grants Management Officer (GMO) will make a determination whether the issues are due to Grants.gov system errors or user error.

Hard Copy Submission

Applicants that are submitting their applications in hard copy format, by mail or delivery, must submit one original and two copies of the complete application with all attachments. The original and each of the two copies must include all required forms, certifications, assurances, and appendices, be signed by the Authorized Organization Representative (AOR), and be unbound. The original copy of the application must have original signature(s). See *Section IV.6* of this announcement for address information for hard copy application submissions.

Applications submitted in hard copy must show a DUNS Number. A DUNS Number is a nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be acquired at no cost online at http://www.dnb.com. To acquire a DUNS number by phone, contact the D&B Government Customer Response Center:U.S. and U.S Virgin Islands: 1-866-705-5711; Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1). Monday through Friday 7 a.m. to 8 p.m., c.s.t.

As of October 1, 2010, all applicants for Federal grants and cooperative agreements, including those that apply in paper format, are required to have Central Contractor Registration. CCR registration is also required for organizations that will receive subawards under Federal grants and cooperative agreements. CCR registration may be made online at www.ccr.gov or by phone at 1-866-606-8220.

CCR registration must be updated annually from the date of the initial registration. CCR registration is required to be active throughout the period of award. Lack of CCR registration will prevent ACF from making an award to a recommended applicant.

There is the possibility of heavy traffic at the CCR website at application due dates. Therefore, applicants are strongly encouraged to register at the CCR well in advance of the application due date. CCR registration must be updated annually. CCR registration must be active and maintained with current information at all times during which an organization has an active award or an application under consideration.

Applicants may refer to *Section VIII. Other Information* for a checklist of application requirements that may be used in developing and organizing application materials. Details concerning acknowledgment of received applications are available in *Section IV.3. Submission Dates and Times* of this announcement.

IV.3. Submission Dates and Times

Due Date for Applications: **07/25/2011**

Explanation of Due Dates

The due date for receipt of applications is listed in the *Overview* and in this section. Applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will not be considered in the current competition.

Applicants are responsible for ensuring that applications are received by mail, hand-delivery, or submitted electronically well in advance of the application due date and time.

Mailed Applications

Mailed applications must be **received** no later than 4:30 p.m., eastern time, on the due date, listed in the *Overview* and in this section, at the address provided in *Section IV.6* of this announcement. Applications received after the stated due date and time will be designated as late and will disqualified from competition.

Hand-Delivered Applications

Applications that are hand-delivered by applicants, applicant couriers, other representatives of the applicant, or by overnight/express mail couriers must be **received** on, or before, the due date listed in the *Overview* and in this section, between the hours of 8:00 a.m. and 4:30 p.m., eastern time, Monday through Friday (excluding Federal holidays). Applications should be delivered to the address provided in *Section IV.6.* of this announcement. Applications received after the stated due date and time will be designated as late and will disqualified from competition.

Electronically-Submitted Applications

ACF does not accommodate transmission of applications by facsimile or email. Instructions for electronic submission via www.Grants.gov may be found at the Grants.gov Registration Checklist.

Electronically-submitted applications must be **received and validated** at www.Grants.gov by 4:30 p.m., eastern time, on the due date.

Upon submission and receipt of an application via www.Grants.gov, the applicant will receive three emails:

1. Acknowledgement of the application's submission to www.Grants.gov. This email will provide a **Grants.gov tracking number**. Applicants should refer to this tracking number in all communication with Grants.gov. The email will also provide a **date and time-stamp, which serves as the official record of application submission.** The date and time-stamp must reflect a submission time on, or before, 4:30 p.m., eastern time, on the application due date for the application to be considered as meeting the due date. Applications received at Grants.gov after the due date and time will be disqualified.

2. Acknowledgement from Grants.gov that the submitted application package has passed, or failed, a series of checks and validations. Applications received on the due date that fail the validation check on, or after, 4:30 p.m., eastern time, on the due date because the Authorized Organization Representative (AOR) is not registered with the Central Contractor Registry (CCR) will be determined to be late and will not be considered for the review. Applications that do not pass the validation check at Grants.gov after the due date and time will be disqualified.

3. An additional email from ACF will be sent to the applicant indicating that the application has been retrieved from www.Grants.gov by ACF.

Late Applications

No appeals will be considered for applications classified as late under the following circumstances:

- Hard-copy applications received after 4:30 p.m., eastern time, on the due date will be classified as late and will be disqualified.

- Electronically-submitted applications are considered late, and are disqualified, when the date and

time-stamp received by email from www.Grants.gov is after 4:30 p.m., eastern time, on the due date.

- Electronically-submitted applications submitted by an AOR that does not have a current registration with the Central Contractor Registry (CCR) will be rejected by Grants.gov. Although the applicant may have an acceptable dated and time-stamped email from Grants.gov, these applications are considered late and are disqualified.

Extension/Waiver of Due Date and Receipt Time

ACF may extend an application due date and receipt time when circumstances such as natural disasters occur (floods, hurricanes, etc.); when there are widespread disruptions of mail service; or in other rare cases. The determination to extend or waive the due date and receipt time requirements rests with ACF's Chief Grants Management Officer.

Acknowledgement of Received Application

ACF will not provide acknowledgement of receipt of hard copy application packages submitted via mail or courier services.

Upon submission of an application electronically via http://www.Grants.gov, the applicant will receive three emails:

1. Acknowledgement of the application's submission to Grants.gov. This email will provide a **Grants.gov tra Grants.gov tracking number**. The email will also provide a **date and time-stamp, which serves as the official record of application submission.**
2. Your application has been validated and provides a Time/Date Stamp. See the previous section on failing the validation check because of an unregistered Authorized Organization Representative (AOR).
3. An email will be sent to the applicant from ACF indicating that the application has been retrieved from Grants.gov by ACF.

IV.4. Intergovernmental Review of Federal Programs

This program is covered under Executive Order (E.O.) 12372, "Intergovernmental Review of Federal Programs," and 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Under the Executive Order, States may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs.

Applicants should go to the following URL for the official list of the jurisdictions that have elected to participate in E.O. 12372 http://www.whitehouse.gov/omb/grants_spoc/.
Applicants from participating jurisdictions should contact their SPOC, as soon as possible, to alert them of their prospective applications and to receive instructions on their jurisdiction's procedures. Applicants must submit all required application materials to the SPOC and indicate the date of submission on the Standard Form (SF) 424 at item 19.

Under 45 CFR 100.8(a)(2), a SPOC has 60 days from the application due date to comment on proposed new awards.

SPOC comments may be submitted directly to ACF to: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Grants Management, Division of Discretionary Grants, 370 L'Enfant Promenade SW., 6th Floor East, Washington, DC 20447.

Entities that meet the eligibility requirements of this announcement are still eligible to apply for a grant even if a State, Territory or Commonwealth, etc., does not have a SPOC or has chosen not to participate in

the process. Applicants from non-participating jurisdictions need take no action with regard to E.O. 12372. Applications from Federally-recognized Indian Tribal governments are not subject to E.O. 12372.

IV.5. Funding Restrictions

Costs of organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions, are considered unallowable costs under grants awarded under this announcement.

Grant awards will not allow reimbursement of pre-award costs.

Construction is not an allowable activity or expenditure under this grant award.

Purchase of real property is not an allowable activity or expenditure under this grant award.

IV.6. Other Submission Requirements

Submit applications to one of the following addresses:

Submission By Mail

CB Operations Center

c/o Lux Consulting Group

8405 Colesville Road, Suite 600

Silver Spring, MD 20910

Hand Delivery

CB Operations Center

c/o Lux Consulting Group

8405 Colesville Road, Suite 600

Silver Spring, MD 20910

Electronic Submission

See *Section IV.2* for application requirements and for guidance when submitting applications electronically via http://www.Grants.gov.

For all submissions, see *Section IV.3* for information on due dates and times.

V. Application Review Information

V.1. Criteria

Applications competing for financial assistance will be reviewed and evaluated using the criteria described in this section. The corresponding point values indicate the relative importance placed on each review criterion. Points will be allocated based on the extent to which the application proposal addresses each of the criteria listed. Applicants should address these criteria in their application materials, particularly in the project description and budget justification, as they are the basis upon which competing applications will be judged during the objective review. The required elements of the project description and budget justification may be found in *Section IV.2* of this announcement.

Objectives and Need for Assistance	Maximum Points: 20

In reviewing the objectives and need for assistance, reviewers will consider the extent to which:

1. The application demonstrates an understanding of the relevant legislation and this FOA The proposed project will contribute to achieving the purposes of this legislation and this FOA.
2. The application presents a clear description of the proposed project, including a clear statement of the goals (i.e., the intended end products of an effective project) and objectives (i.e., measurable steps for reaching these goals) of the proposed project. The proposed project clearly addresses each of the items listed in the Project Requirements section of this FOA.
3. The application demonstrates a thorough understanding of the need to develop and implement trauma-focused services for the target population specified in this FOA.
4. The application clearly defines the geographic and demographic characteristics of the agency's service population and the target population to be affected by the implementation of the proposed project. The application clearly describes and demonstrates a thorough understanding of the needs and characteristics of the proposed target population, including age, race, ethnicity, sibling status, and connection to the community; the service needs of this population and community; and the status of existing services for this population. The proposed target population meets the requirements described in this FOA.
5. The application demonstrates an understanding of the Child and Family Service Plan requirements related to trauma-focused services for their target population.
6. The proposed project will support and coordinate with its State's Child and Family Services Review (CFSR) Program Improvement Plan (PIP) in relevant areas being addressed in the PIP.

Approach	Maximum Points: 35

In reviewing the approach, reviewers will consider the extent to which:

1. The application provides a reasonable timeline for implementing the proposed project, including major milestones and target dates. The application describes the factors that could speed or hinder project implementation and explains how these factors would be managed.
2. A well-defined logic model guides the proposed project. The logic model demonstrates strong links between proposed inputs and activities and intended short-term, intermediate, and long-term outcomes.
3. The proposed approach clearly addresses each of the items listed in the Project Requirements section of this FOA.
4. The application clearly describes the proposed intervention(s) and demonstrates that the proposed intervention(s) is/are evidence-based and/or evidence-informed.
5. The proposed project emphasizes screening and assessment of trauma histories and significant trauma effects.
6. The application provides a detailed plan for conversion to a trauma-informed and trauma-focused system. This plan addresses current capacity and changes needed in policy and practice to support and sustain the transformation; how agency partners will be engaged in creating systemic changes to support the new approach to providing mental health services to children in the child welfare system; and how they will ensure implementation of the proposed intervention(s) with high fidelity.
7. The application makes it clear that grant funds will not be used for service delivery, but rather for the process of service transformation, training, implementation, and evaluation. The application clearly describes the resources which will be accessed to sustain service delivery.
8. The approach addresses each of the planning period and implementation period requirements listed in this FOA. There is a detailed description of the activities the program proposes to implement during the planning period and during the implementation period.
9. The proposed project is a partnership between a knowledgeable trauma program and the child welfare agency.

10. The proposed project is likely to enhance child welfare agency capacity to serve the target population. The proposed project will improve processes, practices, and outcomes for the target population.
11. The State, county or tribal child welfare agency is the lead agency or a key partner and will take an active role in the project throughout the entire length of the project. The proposed services would involve the collaboration of appropriate partners for maximizing the effectiveness of service delivery. There are letters of commitment or MOUs from organizations, agencies, and consultants that will be partners, subcontractors, or collaborators in the proposed project. These documents describe the role of the agency, organization, or consultant and detail specific tasks to be performed.
12. The proposed project would be culturally responsive to the target population.
13. The design of the proposed project reflects up-to-date knowledge from the research and literature on known effective practices and builds on current theory, research, evaluation data and best practices. The project is innovative and would contribute to increased knowledge or understanding of the problems and issues addressed by this. The project is likely to yield findings or results about effective strategies and contribute to and promote evaluation research and evidence-based practices that may be used to guide replication or testing in other settings.
14. The proposed project would develop into a model site for other jurisdictions to look to in developing the ability to implement similar programs as an ongoing part of agency functions. The project would develop products and provide information on strategies used and the outcomes achieved that would support evidence-based improvements of practices in the field. The schedule for developing these products is appropriate in scope and budget.
15. The intended audience (e.g., researchers, policymakers, practitioners) for product dissemination is appropriate to the goals of the proposed project. The project's products would be useful to the identified audiences; the plan for disseminating information is appropriate; and the mechanisms and forums that would be used to convey the information and support replication by other interested agencies are appropriate. The proposed dissemination plan is appropriate in scope and budget.
16. The proposed project would be integrated into the grantee's ongoing practices and there is a sound plan for continuing this project beyond the period of Federal funding under this FOA.

Evaluation	Maximum Points: 20

In reviewing the evaluation plan, reviewers will consider the extent to which:

1. The application describes a clear and convincing plan for evaluating the project and satisfies the evaluation requirements published in this FOA. The methods of evaluation are feasible, comprehensive, and appropriate to the goals, objectives, and context of the project. The evaluation plan is strongly guided by the project's logic model.
2. The project's evaluation plan would provide answers to relevant evaluation questions such as those listed in the Evaluation section of this FOA. It would rigorously measure achievement of project objectives, customer satisfaction, acquisition of competencies, effectiveness of program services and project strategies, the efficiency of the implementation processes, changes in trauma-focused services, and the impact of the project on outcomes for the target population.
3. The evaluation plan outlines an appropriate sampling plan that ensures sample sizes sufficient to detect significant effects. The target sample represents the intended recipients of the services to the greatest extent possible given the project's structure and resources.
4. The evaluation plan includes an appropriate control or comparison group for determining the influence of the project activities on outcomes. If a comparison group is not proposed, the applicant provides a reasonable explanation for not using a comparison group and offers another, equally rigorous approach to evaluating the influence of the program on outcomes. This comparison group and the program/treatment group are assigned at random or matched on key

characteristics. If not assigned at random or matched on key characteristics, the applicant provides a reasonable explanation of how it will identify and address any pre-existing differences between the comparison group and the program/treatment group.

5. The application describes a sound plan for collecting high-quality data on the services provided, the costs of these services, the outcomes of these services, and their cost effectiveness. The methods of evaluation include the use of strong measures that are clearly related to the intended outcomes of the program as identified in the project logic model. The evaluation includes measures of outcomes, in addition to measures of inputs and outputs. The measures are objective and have strong reliability, validity, and internal consistency. There is a sound plan for securing informed consent and implementing an IRB review.

6. The proposed evaluation would assess outcomes of trauma services with the specific child welfare population.

7. The applicant describes a plan to collect and report information on the traumatic experiences and traumatic stress symptoms and other trauma-based effects from children and adolescents who receive child welfare services, as described in the Evaluation section of *I. Funding Opportunity Description.*

8. The project's evaluation plan uses process, practice, and outcome performance indicators from the CFSR On Site Review Instrument (OSRI) or similar indicators from their State's quality assurance system. The proposed evaluation plan would be likely to yield data that can be compared to and contrasted with regional, State, and national level CFSR data. The proposed evaluation plan would measure the effects of the proposed implementation of the proposed project on safety, permanency, and well-being. In addition to measuring OSRI items, the proposed evaluation plan will also measure other outcomes of value to the child welfare field.

9. The application either demonstrates that the applicant has the in-house capacity to conduct an objective and rigorous evaluation of the project or presents a sound plan for contracting with a third-party evaluator. The proposed evaluator has sufficient experience with research and/or evaluation, understands the population of interest, and demonstrates the necessary independence from the project to assure objectivity.

10. The application provides an appropriate, feasible, and realistic plan for using evaluation findings to produce ongoing documentation of project activities and results. The evaluation plan includes performance feedback and periodic assessment of program progress that can be used to modify the program, as necessary, and serve as a basis for program adjustments.

11. The application clearly describe a sound plan for conducting a cost analysis of the proposed program, lists the factors which would be considered in this analysis, and describes the plan for comparing the program to other similar programs with respect to these factors.

Organizational Capacity	Maximum Points: 20

In reviewing the organizational profiles, reviewers will consider the extent to which:

1. The application demonstrates that the applicant organization and any partnering organizations collectively have relevant experience and expertise with administration, development, implementation, management, and evaluation of similar programs. Each participating organization (including partners and/or subcontractors) possesses the organizational capability to fulfill its assigned roles and functions effectively.

2. The proposed project director and key project staff demonstrate sufficient relevant knowledge, experience, and capabilities (e.g., resume) to effectively institute and manage a project of this size, scope, and complexity. The role, responsibilities, and time commitments of each proposed project staff position, including consultants, subcontractors, and/or partners, is clearly defined (e.g., job description) and appropriate to the successful implementation of the proposed project.

3. There is a sound management plan for achieving the objectives of the proposed project on time and within budget, including clearly defined responsibilities, timelines, and milestones for

accomplishing project tasks and ensuring quality. The plan clearly defines the role and responsibilities of the lead agency. The plan clearly describes the effective management and coordination of activities carried out by any partners, subcontractors, and consultants.

4. There would be a mutually beneficial relationship between the proposed project and other work planned, anticipated, or underway with Federal assistance by the applicant.
5. The application demonstrates that efforts to integrate trauma-informed practices and trauma-focused treatments into their provision of child welfare services have already been undertaken prior to reviewing and responding to this FOA or it demonstrates that there is considerable community interest and commitment to developing these practices .
6. The application demonstrates the capacity of the applicant's child welfare system and/or in partnership with mental health agencies to offer accessible and individualized mental health services to children in the child welfare system.
7. If the primary applicant responsible for administering the cooperative agreement is not the public child welfare agency, there is documentation of a strong partnership with the public child welfare agency(ies) with responsibility for administering the child welfare program(s) in the targeted geographical area(s) and court(s) having jurisdiction over the targeted child welfare population. This documentation includes the following:

   - Letter(s) of commitment or MOU(s) from the relevant public child welfare agency(ies) and court(s), which describe, in detail, the roles and responsibilities of the project partners;
   - Evidence that the relevant public child welfare agency(ies) and court(s) fully understand, are fully committed to the proposed project, and demonstrate a willingness to be fully engaged in the activities that are described in the application;
   - Evidence that the relevant public child welfare agency(ies) and court(s) will follow through on these commitments, regardless of changes in administration, economic status, or other foreseeable factors; and
   - Any other evidence that would demonstrate the full commitment of the relevant public child welfare agency(ies) and court(s) to making the proposed project a success.

Budget and Budget Justification	**Maximum Points: 5**

In reviewing the budget and budget justification, reviewers will consider the extent to which:

1. There is a detailed narrative budget justification for each year of the project. The costs of the proposed project are reasonable, in view of the activities to be conducted and expected results and benefits.
2. The applicant's fiscal controls and accounting procedures would ensure prudent use, proper and timely disbursement and accurate accounting of funds received under this funding opportunity announcement.

V.2. Review and Selection Process

No grant award will be made under this announcement on the basis of an incomplete application. No grant award will be made to an applicant or sub-recipient that does not have active CCR registration (www.ccr.gov or 1-866-606-8220).

Initial ACF Screening

Each application will be screened to determine whether it was received by the closing date and time and whether the requested amount exceeds the award ceiling. Applications that are designated as late according to *Section IV.3. Submission Dates and Times,* or those with requests that exceed the award ceiling, stated in *Section II. Award Information,* will receive a screen-out letter noting that the application

was deemed non-responsive and will not be considered for competitive review or funding under this announcement. For those applications that have been deemed disqualified under the initial ACF screening, notice will be given of such determination by postal mail.

Objective Review and Results

Applications competing for financial assistance will be reviewed and evaluated by objective review panels using the criteria described in *Section V.1* of this announcement. Each panel is made up of experts with knowledge and experience in the area under review. Generally, review panels are composed of three reviewers and one chairperson.

Results of the competitive objective review are taken into consideration by ACF in the selection of projects for funding; however, objective review scores and rankings are not binding. They are one element in the decision-making process.

ACF may elect not to fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. ACF reserves the right to consider preferences to fund organizations serving emerging, unserved, or under-served populations, including those populations located in pockets of poverty. ACF will also consider the geographic distribution of Federal funds in its award decisions.

Please refer to *Section IV.2.* of this announcement for information on non-Federal reviewers in the review process.

Approved but Unfunded Applications

Applications recommended for approval that were not funded under the competition because of the lack of available funds, may be held over by ACF and re-considered in a subsequent review cycle if a future competition under the program area is planned. These applications will be held over for a period of up to one year and will be re-competed for funding with all other competing applications in the next available review cycle. For those applications that have been deemed as approved but unfunded, notice will be given of such determination by postal mail.

V.3. Anticipated Announcement and Award Dates

Applications will be reviewed during the Summer 2011. Funded projects will have a start date no later than September 30, 2011.

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will be notified through the issuance of a Financial Assistance Award (FAA) document that sets forth the amount of funds granted, the terms and conditions of the grant, the effective date of the grant, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. The FAA will be signed by the Grants Officer and transmitted via postal mail. Following the finalization of funding decisions, organizations whose applications will not be funded will be notified by letter, signed by the Program Office head.

Other correspondence announcing to a Principal Investigator or Project Director that an application was

selected is not an authorization to begin performance. Costs incurred before receipt of a FAA are at the recipient's risk and may be reimbursed only to extent considered allowable as approved pre-award costs.

VI.2. Administrative and National Policy Requirements

Awards issued under this announcement are subject to the uniform administrative requirements and cost principles of 45 C.F.R. Part 74 (Awards And Subawards To Institutions Of Higher Education, Hospitals, Other Nonprofit Organizations, And Commercial Organizations) or 45 C.F.R. Part 92 (Grants And Cooperative Agreements To State, Local, And Tribal Governments). The Code of Federal Regulations (C.F.R.) is available at www.gpo.gov/fdsys/.

An application funded with the release of Federal funds through a grant award, does not constitute, or imply, compliance with Federal regulations. Funded organizations are responsible for ensuring that their activities comply with all applicable Federal regulations.

Prohibition Against Profit

Grantees are subject to the limitations set forth in 45 C.F.R. Part 74, Subpart E-Special Provisions for Awards to Commercial Organizations (45 C.F.R. Part 74.81_Prohibition against profit), which states that, "... no HHS funds may be paid as profit to any recipient even if the recipient is a commercial organization. Profit is any amount in excess of allowable direct and indirect costs."

Equal Treatment for Faith-Based Organizations

Grantees are also subject to the requirements of 45 C.F.R. Part 87.1(c), Equal Treatment for Faith-Based Organizations, which says, "Organizations that receive direct financial assistance from the Department under any Department program may not engage in inherently religious activities such as religious instruction, worship, or proselytization as part of the programs or services funded with direct financial assistance from the Department." Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program.

A faith-based organization receiving HHS funds retains its independence from Federal, State, and local governments, and may continue to carry out its mission, including the definition, practice, and expression of its religious beliefs. For example, a faith-based organization may use space in its facilities to provide secular programs or services funded with Federal funds without removing religious art, icons, scriptures, or other religious symbols. In addition, a faith-based organization that receives Federal funds retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents in accordance with all program requirements, statutes, and other applicable requirements governing the conduct of HHS funded activities.

Regulations pertaining to the Equal Treatment for Faith-Based Organizations, which includes the prohibition against Federal funding of inherently religious activities, and additional information on "Understanding the Regulations Related to the Faith-Based and Community Initiative" are available at http://www.hhs.gov/fbci/regulations/index.html.

The Code of Federal Regulations (C.F.R.) is available at www.gpo.gov/fdsys/.

Award Term and Condition under the Trafficking Victims Protection Act of 2000

Awards issued under this announcement are subject to the requirements of Section 106 (g) of the

Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.acf.hhs.gov/grants/award_term.html. If you are unable to access this link, please contact the Grants Management Contact identified in Section VII. Agency Contacts of this announcement to obtain a copy of the Term.

HHS Grants Policy Statement

The HHS Grants Policy Statement (HHS GPS) is the Department of Health and Human Services' single policy guide for discretionary grants and cooperative agreements. ACF grant awards are subject to the requirements of the HHS GPS, which covers basic grants processes, standard terms and conditions, and points of contact, as well as important agency-specific requirements. Appendices to the HHS GPS include a glossary of terms and a list of standard abbreviations for ease of reference. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary that are specified in the Financial Assistance Award (FAA). The HHS GPS is available at http://www.acf.hhs.gov/grants/grants_related.html.

VI.3. Reporting

Grantees under this announcement will be required to submit performance progress and financial reports periodically throughout the project period. The frequency of required reporting is listed later in this section. Final reports may be submitted in hard copy to the Grants Management Office Contact listed in *Section VII. Agency Contacts* of this announcement. Instructions on submission of reports electronically will be provided with award documents.

Performance Progress Reports (PPR)

ACF grantees are required to submit the SF-PPR Cover Page. ACF Programs that utilize reporting forms or formats in addition to, or instead of, the SF-PPR have listed the reporting requirements later in this section.

Grant award documents will inform grantees of the appropriate performance progress report form or format to use. Grantees should consult their award documents to determine the appropriate performance progress report format required under their award. Performance progress reports are due 30 days after the end of the reporting period.

Final program performance reports are due 90 days after the close of the project period. The SF-PPR may be found at http://www.acf.hhs.gov/grants/grants_resources.html.

Federal Financial Reports (FFR)

As of February 1, 2011, the Department of Health and Human Services (HHS) began the transition from use of the SF-269, Financial Status Report (Short Form or Long Form) to the use of the SF-425 Federal Financial Report for expenditure reporting. SF-269s will no longer be accepted for expenditure reports due after that date. If an SF-269 is submitted, the Administration for Children and Families (ACF) will return it and require the recipient to complete the SF-425.

The transition strategy is allowing individual HHS Operating Divisions to select--from a limited number of options--the approach that best fits their programs and business process. This transition does not affect completion or submission of the cash reporting to the HHS Division of Payment Management's Payment Management System (PMS). The primary features of this transition for recipients are that OPDIVs that previously required electronic submission of the SF-269 will receive the SF-425 expenditure reports electronically and, until further notice, OPDIVs that have been receiving expenditure reports in hard copy will continue to do so.

All expenditure reports will be due on one of the standard due dates by which cash reporting is required to be submitted to PMS OR at the end of a calendar quarter as determined by the Operating Division. As a result, a recipient that receives awards from more than one OPDIV may be subject to more than one approach, but will not be required to change its current means of submission or be subjected to more than eight standard due dates.

Beginning with budget periods which end from January 1 - March 31, 2011, and for all budget periods thereafter, all affected ACF grantees will be required to submit an SF-425 report as frequently as is required in the terms and conditions of their award using due dates for reports to PMS.

For budget periods ending in the months of:	The FFR (SF-425) is due to ACF on:
January 01 through March 31	April 30
April 01 through June 30	July 30
July 01 through September 30	October 30
October 01 through December 31	January 30

Fillable versions of the SF-425 form in Adobe PDF and MS-Excel formats, along with instructions, are available at http://www.whitehouse.gov/omb/grants_forms, www.forms.gov, and on the ACF Funding Opportunity website Forms page.

Further instructions will be provided, as necessary, with award terms and conditions that will address specific reporting periods and due dates on an award-by-award basis.   Additional information on frequency of reporting is available on the ACF Funding Opportunities web site at http://www.acf.hhs.gov/grants/msg_sf425.html.

For planning purposes, reporting periods for awards made under this announcement are as follows:

Program Progress Reports: Semi-Annually

Financial Reports: Semi-Annually

Awards issued as a result of this funding opportunity may be subject to the Transparency Act subaward and executive compensation reporting requirements of 2 C.F.R. Part 170. See ACF's **Award Term for Federal Financial Accountability and Transparency Act (FFATA) Subaward and Executive Compensation Reporting Requirement** implementing this requirement and additional award applicability information.

VII. Agency Contacts

Program Office Contact

Matthew McGuire

Administration for Children and Families

Administration on Children, Youth and Families

Children's Bureau Headquarters

Portals Building

1250 Maryland Ave SW

WASHINGTON, DC 20024

Phone: (202) 205-7270

Email: matthew.mcguire@acf.hhs.gov

Office of Grants Management Contact

Ben Sharp
CB Operations Center
c/o Lux Consulting Group
8405 Colesville Road, Suite 600
Silver Spring, MD 20910
Phone: (866) 796-1591
Email: cb@luxcg.com

Federal Relay Service:
Hearing-impaired and speech-impaired callers may contact the Federal Relay Service for assistance at 1-800-877-8339 (**TTY** - Text Telephone or **ASCII** - American Standard Code For Information Interchange).

VIII. Other Information

NOTICE: **ACF intends to implement all electronic application submission via www.Grants.gov for applications for discretionary awards in FY 2012. For applicants without Internet access, or those without the computer capacity to upload large documents, ACF will offer a waiver procedure. In 2011, ACF will post a *Federal Register* notice soliciting public comment on the intended move to all electronic application submission via www.Grants.gov for applicants for discretionary awards.**

Reference Websites

U.S. Department of Health and Human Services (HHS) on the Internet http://www.hhs.gov/.

Administration for Children and Families (ACF) on the Internet http://www.acf.hhs.gov/.

Administration for Children and Families - ACF Funding Opportunities homepage http://www.acf.hhs.gov/grants/.

Catalog of Federal Domestic Assistance (C.F.D.A.) https://www.cfda.gov/.

Code of Federal Regulations (C.F.R.) http://www.gpo.gov/fdsys/.

United States Code (U.S.C) www.gpo.gov/fdsys/.

All required Standard Forms, assurances, and certifications are available on the ACF Forms page at http://www.acf.hhs.gov/grants/grants_resources.html.

Grants.gov Forms Repository webpage at http://www.grants.gov/agencies/aforms_repository_information.jsp.

Versions of other Standard Forms (SFs) are available on the Office of Management and Budget (OMB) Grants Management Forms web site at http://www.whitehouse.gov/omb/grants_forms/.

For information regarding accessibility issues, visit the Grants.gov Accessibility Compliance Page at http://www07.grants.gov/aboutgrants/accessibility_compliance.jsp

Sign up to receive notification of ACF Funding Opportunities at www.Grants.gov http://www.grants.gov/applicants/email_subscription.jsp.

Application Checklist

Applicants may use the checklist below as a guide when preparing your application package.

What to Submit	Where Found	When to Submit
Central Contractor Registration (CCR)	Referenced in Section IV.2. of the announcement. Go to www.ccr.gov to register.	Required for all applicants. CCR registration must be active by time of award.
DUNS Number (Universal Identifier)	Referenced in Section IV.2. of the announcement. Go to http://fedgov.dnb.com/webform to obtain DUNS Number.	Required in application submission.
SF-424 - Application for Federal Assistance SF-P/PSL - Project/Performance Site Location(s)	Referenced in Section IV.2. and found at http://www.acf.hhs.gov/ grants/grants_resources.html and at the Grants.gov Forms Repository at http://www.grants.gov/ agencies/ aforms_repository_information.jsp.	Submission is due by the application due date found in the Overview and in Section IV.3.
SF-424A - Budget Information - Non-Construction Programs SF-424B - Assurances - Non-Construction Programs	Referenced in Section IV.2. and found at http://www.acf.hhs.gov /grants/grants_resources.html.	Submission is due by the application due date found in the Overview and in Section IV.3.
Table of Contents	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.

Project Summary/Abstract	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
Project Description	Referenced in Section IV.2. of the announcement.	Submission is due by the application due date found in the Overview and in Section IV.3.
Project Sustainability Plan	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
SF-LLL - Disclosure of Lobbying Activities, if applicable	"Disclosure Form to Report Lobbying" is referenced in Section IV.2. and found at http:// www.acf.hhs.gov /grants/grants_resources.html. Submission of this form is required if any funds have been paid, or will be paid, to any person for influencing, or attempting to influence, an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan.	If applicable, submission is due prior to award.
Logic Model	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.
Budget and Budget Justification	Referenced in Section IV.2. of the announcement under "Project Description."	Submission is due by the application due date found in the Overview and in Section IV.3.

Third-Party Agreements	Referenced in Section IV.2. of the announcement under "Project Description."	If available, submission is due by the application due date found in the Overview and in Section IV.3. If not available at the time of application submission, due by the time of award.
Certification Regarding Lobbying	Referenced in Section IV.2. of the announcement and found at http:// www.acf.hhs.gov /grants/grants_resources.html.	Submission is due prior to award.
Protection of Human Subjects Assurance Identification/IRB Certification/Declaration of Exemption (Common Rule)	Referenced in Section IV.2. of the announcement and available at http://www.hhs.gov/ohrp/assurances/forms/index.html.	Submission is due prior to award.
Proof of Non-Profit Status	Referenced in Section IV.2. of the announcement under "Legal Status of Applicant Entity" in the "Project Description."	Submission is due prior to award.
This program is covered under E.O. 12372, "Intergovernmental Review of Federal Programs," and 45 CFR Part 100, "Intergovernmental Review of Department of Health and Human Services Programs and Activities." Applicants must submit all required application materials to the State Single Point of Contact (SPOC) and indicate the date of submission on the Standard Form (SF) 424 at item 19.	Applicants should go to the following URL for the official list of the jurisdictions that have elected to participate in E.O. 12372 http:// www.whitehouse.gov /omb/grants_spoc/ as indicated in Section IV.4. of this announcement.	Submission due to State Single Point of Contact by the application due date found in the Overview and in Section IV.3.

Survey on Ensuring Equal Opportunity for Applicants	Non-profit private organizations (not including private universities) are encouraged to submit the survey with their applications. Applicants using a hard copy application, place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with the application package. Applicants applying electronically, may submit this survey along with the application. The survey is referenced in Section IV.2. of the announcement. The survey may be found at http://www.acf.hhs.gov /grants/grants_resources.html.	Submission is voluntary. Submission may be made with the application or prior to award.

Appendices